Division of Corporations Electronic Filing Cover Sheet

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	Division of Corporations	
	Fax Number : (850)617-6381	32 (c)
	(200)021 0352	
From	:	<u> </u>
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	. ₹
	Account Number : 12 00000000 19	55.7
	Phone : (305)552-5973	ت لبنا
	Fax Number : (305)675-5944	-41 -4
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Corporate Filing Menu

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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Anton Or Or of Doc #

Plon O 2134 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

H17000223051

TAXID: 81-1731100

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

ARTICLE II PRINCIPAL OFFICE:	 Αυ:
The principal street address and mailing address is:	
929 E VALENCIA ST	至
CAKELAND FL 33805	_ SS:축구
ARTICLE III SHARES; The number of shares of stock is: \ O O	STATE: .ORI DA
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS	
CARTOS A. MORATES (P)	•
	- -
	 • •
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address (PO Box not acceptable) of the registered as en Cortos A Morales	_
The name and Florida street address (PO Box not acceptable) of the registered agen	- -
The name and Florida street address (PO Box not acceptable) of the registered as en Cortos A Morales	- -
The name and Florida street address (PO Box not acceptable) of the registered agen Carlos A Morales 929 E Valencia St	- - ris:
The name and Florida street address (PO Box not acceptable) of the registered ages CON LOS A MORALES 929 E VALENCIA ST Lake God FL 33805 ARTICLEVI INCORPORATOR: The name and address of the incorporator	ris:

H17000226051

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Incorporator Date

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