

**P18000001685**

**Florida Department of State  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
LS CONTRACTOR TRIM INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

N. SAMS

JAN 08 2018

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** LS CONTRACTOR TRIM INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address \_\_\_\_\_

7301 NW 173RD DR APT 103

HIALEAH, FL 33015

Mailing address, if different is: \_\_\_\_\_

7301 NW 173RD DR APT 103

HIALEAH, FL 33015

**ARTICLE III PURPOSE** CONSTRUCTION  
The purpose for which the corporation is organized is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE IV SHARES** 100 SHARES  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>ILCI V. DOS SANTOS (PRESIDENT)</u>	Name and Title:	_____
Address	<u>7301 NW 173RD DR APT 103</u>	Address:	_____
	<u>HIALEAH, FL 33015</u>		_____
	_____		_____

Name and Title:	<u>LUCIA W. DOS SANTOS (VICE-PRES)</u>	Name and Title:	_____
Address	<u>7301 NW 173RD DR APT 103</u>	Address:	_____
	<u>HIALEAH, FL 33015</u>		_____
	_____		_____

Name and Title:	<u>JONATHAN DOS SANTOS (OFFICER)</u>	Name and Title:	_____
Address	<u>16970 NE 4TH PL</u>	Address:	_____
	<u>NORTH MIAMI, FL 33162</u>		_____
	_____		_____

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ILCI V. DOS SANTOS  
Address: 7301 NW 173RD DR APT 103  
HIALEAH, FL 33015

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ILCI V. DOS SANTOS  
Address: 7301 NW 173RD DR APT 103  
HIALEAH, FL 33015

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**ARTICLE VIII EFFECTIVE DATE:** JANUARY 04, 2018 (OPTIONAL)  
Effective date, if other than the date of filing: \_\_\_\_\_

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

\* [Signature]  
Required Signature/Registered Agent

JANUARY 04, 2018  
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.*

\* [Signature]  
Required Signature/Incorporator

JANUARY 04, 2018  
Date

\* [Signature]  
Required Signature/Incorporator

JANUARY 04, 2018  
Date