Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000022112 3)))



H180000221123ABCR

	Doing so will generate another cover sheet.	200	8
To:			IAU
10.	Division of Corporations	57; T.	
	Fax Number : (850)617-6381	ON SE	∞
	. (000/01/10001	हर्नेष् —ि इस्रो	
From:		3.	3
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	ن کی میشان مرکز	بې
	Account Number : I20000000019	S WITE	
	Phone : (305)552-5973	202	0
	Fax Number : (305)675-5944		_
•Enter an	the email address for this business entity to be used for nual report mailings. Enter only one email address please	future	
	ail Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION CORTEZ G.H. INC

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

N SAMS

JAN 1 9 2018

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:		
Cortez G.H. Inc		
ARTICLE II PRINCIPAL OFFICE:	₹	
The principal street address and mailing address is:	8 JA	,
820 NW 32nd Ave Miami Fl 33125	JAN 18	
		ı
E. C.	P# 3:	
· · · · · · · · · · · · · · · · · · ·	: 06	
ARTICLE III SHARES: The number of shares of stock is: 100 100		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
(Mantal Veronique Cortez (P)		
Xiomara N. Gonzatez (VP)		
Ovidio Hernandez (5)		
: 		
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
Chantal Veronique Cortez		
820 NW 32nd Aut Mignor Fl 33125		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
(hantal veronique contez		
DU NW 3211 AVE MILUTH H B3165		

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.

Hicorporator

Date

18 JAN 18 PH 3: 06