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.

(((H18000032691 3)))



H180000326913AEC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	Demg so was generate another	COVET Sheet.	,	
To:		Transcript Transcript (1997)		8
	Division of Corporations		23- <u>1</u>	JAN
	Fax Number : (850)617-6381		3>-	≆ 2
From:			1 N	26
	Account Name : LAZARUS CORPORATE	FILING SERVICE, THE		- 0 '
	Account Number : 120000000019	James	٠٠, س	⊋ :
	Phone : (305)552-5973		()	က် (
	Fax Number : (305)675-5944			 0
)	FLORIDA PROFIT/NON PROFIT	CORPORATION		
	LEOVICO USA CO	RP		
	Certificate of Status	0		
	Certified Copy	1		
	Page Count	04		
	Estimated Charge	\$78.75		
•		-11	N.	SAM
			i A Ai	0.000

JAN 29 2018

Electronic Filing Menu

Corporate Filing Menu

Help

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of LCOVICO USO CORD of Doc # Plocooquil 9 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,

Leopoldo Villaluz

Homestead

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is: Leovico AZU ARTICLE IL PRINCIPAL OFFICE: The principal street address and mailing sidress in: FL **33**030 ARTICLE III SHARES: The number of shares of stock is: 100 ARTICLE IV INTUAL DIRECTORS AND OR OFFICERS: PCOD0199 ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: 2803L ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: Torrente 28036 ω

Required Signatures:

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

Register of Spent

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.817.165, FS.

Dete