

P1800011432

Florida Department of State
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.

(((H18000040350 3)))



H180000403503ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

RECEIVED
 DEPARTMENT OF STATE
 ALLAHUSSEIN, FLORIDA
 18 FEB -2 PM 10:05
 FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
 1580, 1590 CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2018 FEB -2 PM 3:45

H18000040350

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

1580, 1590 CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

381 W 64 ST HIALEAH FL
33012

RECEIVED
STATE OF FLORIDA
CORPORATE DIVISION

18 FEB -2 PM 10:05

FILED

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Sonia Vives (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Sonia Vives
381 W 64 ST
Hialeah FL 33012

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Sonia Vives
381 W 64 ST
Hialeah FL 33012

H18000040350

H18000040350

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

[Signature]
Registered Agent 2-2-18
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]
Incorporator 2-2-18
Date

H18000040350