

02/08/2013

PI 8000013045

0522

LAZARUS CORPORATE

PA 01/03

**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.

(((H18000047210 3)))



H180000472103ABCX

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

18 FEB -6 PM 3:09
FILED
TALLAHASSEE, FLORIDA

****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
FLAMINGO SHIP REPAIRS CORP**

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

N. SAMS

FEB 09 2018

Electronic Filing Menu

Corporate Filing Menu

Help

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

H18000047210

ARTICLE I NAME: The name of the corporation is:

FLAMINGO SHIP REPAIRS Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1819 WILSON STR

SUITE 19

HOLLYWOOD - FL - 33020

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

18 FEB - 6 PM 3:00

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

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

EMILIOS G. TSOKOPOULOS PRESIDENT

PIERRE RICHARD ANNOVAL SECRETARY

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Emilios G Tsokopoulos

1819 Wilson ST Suite 19

Hollywood FL 33020

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

Emilios G Tsokopoulos

1819 Wilson ST Suite 19

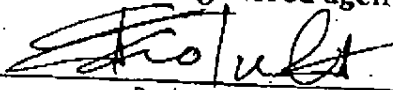
Hollywood FL 33020

H18000047210

H18000047210

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

2/8/18

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.



Incorporator

2/8/18

Date

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

18 FEB -6 PM 3:11

FILED

H18000047210