

Florida Department of State
Division of Corporations
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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

****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
LAVADOS CORP**

Certificate of Status	0
Certified Copy	1
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x Brumley

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

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ARTICLE I NAME: The name of the corporation is:Lazarus Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4350 NW 32 AveMiami FL33142**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Noel Perez(P)Leoraxis Echemendia(VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Noel Perez4350 NW 32 AveMiami FL33142**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Noel Perez4350 NW 32 AveMiami FL

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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

Joel Perez
Registered Agent3-6-18
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.

Joel Perez
Incorporator3-6-18
Date

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