**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.

(((H180001129573)))



H180001129573ABC1

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

u	•

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

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. \*\*

Dona il 1	Address:	

## FLORIDA PROFIT/NON PROFIT CORPORATION GARCIA GENERAL MARKETING CORP

[C-11]	
Certificate of Status	
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

N. SAMS APR 1 1 2018 -

H18000112957

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:		
Parcia GENERAL Warksing com		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
F133013		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
Barbara R Chance (P)		
동 <sub>년</sub>	<del>78</del>	
<u> </u>	APR	
	$\stackrel{\sim}{=}$	resta 3. <sup>res</sup>
	) ₽¥	
• • • • • • • • • • • • • • • • • • • •	င္မ်ာ	
	<b>5</b>	
ARTICLE V INTIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
BARBARA K GARCIA		
921 E 34 ST		
Higleah FL 33013		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
BARBARA R GARCIA		
921 E 24 ST		
Hialpah FL 33013		

H18000112957

## 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.

18 APR 10 PM 3: 55

Date