Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6381

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 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 ZAR REPAIRS INC

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

Electronic Filing Menu

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Help

N. SAMS APR 19 2018 4,15

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

| ARTICLE 1 NAME: The name of the corporation is: |
|--|
| IAR Repairs Inc |
| ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 621 E 14 PL HiAleah, Florida 60 60 |
| 33010 |
| ्राप्त अ: अ: 0 |
| ARTICLE III SHARES: The number of shares of stock is: |
| Adrian Rodriguez Rios (P) |
| |
| |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| Adrian Rodriguez Rios |
| 631 E 14 PL Higlean FL |
| 33010 |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: Adrian Rodriguez: Rios |
| 631 E 14 PL |
| Hialeah FL 33010 |

Required Signatures:

| Having been named as registered agent to accept servi corporation at the place designated in this certificate, appointment as registered agent and agree | I am familiar with and accept the |
|--|---|
| Registered Agent | Date |
| I submit this document and affirm that the facts stated the false information submitted in a document to the D third degree felony as provided for in \$1817.155, F.S. | herein are true. I am aware that bepartment of State constitutes a |