

P18000039005

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.

((H18000136633 3)))



H18000136633ABC+

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

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

Email Address: _____

RECEIVED

2018 MAY -1 PM 4:55

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
LAMGAR USA CORP**

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

Electronic Filing Menu

Corporate Filing Menu

Help

N. SAMS

MAY 02 2018

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:LAZARUS USA CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

537 NE 73RD ST. 33138 MIAMI FL.**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**LEONARDO GARCIA GERMOSEN. (P)MARIBEL POZO. (V)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

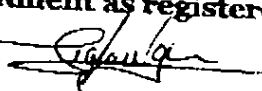
The name and Florida street address (PO Box not acceptable) of the registered agent is:

Leonardo Garcia Germosen537 NE 73 STMIAMI FL 33138**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Leonardo Garcia Germosen537 NE 73 STMIAMI FL 33138

H18000136633

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

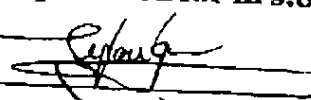


Registered Agent

5/1/18

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.817.153, F.S.



Incorporator

5/1/18

Date

FILED
TALLAHASSEE, FLORIDA

18 MAY - 1 PM 3:21

H18000136633