

# PI8000059578

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.

((H180001993003ABC)))



H180001993003ABC+

**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 : 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.\*\***

Email Address: \_\_\_\_\_

## FLORIDA PROFIT/NON PROFIT CORPORATION COSTAS GONZALEZ INC

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

RECEIVED  
2018 JUL -9 PM 4:31  
CORPORATION  
COMMERCIAL  
SERVICES

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2018 JUL -9 PM 9:24

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 10 2018

K. PAGE

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Costas Gonzalez inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1520 SW 86 CT ; Miami FL  
33144**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Yennier Costas Gonzalez (P)  
Leydis mary de los Reyes (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Leydis mary de los Reyes  
1520 SW 86 CT  
Miami FL 33144**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Leydis Mary de los Reyes  
1520 SW 86 CT  
Miami FL 33144

H18000199300

**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

del RB 07/5/2018  
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.

del RB 07/5/2018  
Incorporator Date

18000199300