Division of Corporations
Electronic Filing Cover Sheet

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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 LORENZO COLLISION CENTER CORP

Certificate of Status	0
Certified Copy	11
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Estimated Charge	\$78.75

SECRETARY OF STATE

AUG -2 PH L:

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
LORENZO Collision Center Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
3665 NW 48 Street Lot 1
Mami Honda 33142.
ARTICLE III SHARES: The number of shares of stock is:
ADTICLE IN THEFTAL DEDUCTIONS AND ON ADDRESS
Mayda Ggreia (P)
maga gyraa.
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address (PO Box not acceptable) of the registered agen
Mayaa Garcia
3665 NW 48 STREET LOT 1
Miami FL 33142
ARTICLE VI INCORPORATOR: The name and address of the Incorporato
Marida Garcia
3665 NW 48 ST LOT 1

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.

Incorporator

Date