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To:

Division of Corporations
Fax Number : (850)617-6381

From:

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**FLORIDA PROFIT/NON PROFIT CORPORATION
LAZ AUTO SOLUTIONS CORP**

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

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AUG 09 2018

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

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ARTICLE I NAME: The name of the corporation is:Laz Auto Solutions Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3290 NW 98th ST Miami FL 33147**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Lazaro Y Oliva (P)
Rosanna Zaldivar (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

LAZARO Y Oliva
3290 NW 98 ST
Miami FL 33147**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:3290 NW 98th ST Miami FL 33147
LAZARO Y Oliva

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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 08-08-18
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.817.155, F.S.



Incorporator 08-08-18
Date

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STATE OF FLORIDA
CLERK OF THE COURT

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