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.

(((H18000258247 3)))



H180002582473ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

т	•	•
1	v	

Division of Corporations

Fax Number : (850)617-6381

From:

눛

Electronic Filing Menu

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.

Address:					
	Address:	Address:	Address:	Address:	Address:

FLORIDA PROFIT/NON PROFIT CORPORATION MONTSE SERVICE INC. Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$78,75

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I	NAME:	The name of	the cor	poration is:
-----------	-------	-------------	---------	--------------

Hortse Service FAC.		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
20030 SW 110ct		•
miami FC 33189.		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
Leidys Aosa Caamano (P)	2018 S	
Yagmani Quintero (V)	BSEP-4 1	
	14 9: 10 0F STAT	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRES	m 0 3 <u>S:</u>	
The name and Florida street address (PO Box not acceptable) of the registered age	ent is:	
20030 SW 110 CT	<u> </u>	
101(011)1 1 C Color The conducted of the Incorporat	or is:	
ARTICLE VI INCORPORATOR: The name and address of the Incorporate Leidys Rosa Gamano		
20030 SW 1001	<u>-</u>	
MIGNI FL 3318,	 	47

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

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 8.817.155, F.S.