

305221148 LAZARUS CORPORATE PAGE 01/01  
P190000017909

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.

((H19000069078 3)))



H190000690783ABC7

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)592-5973  
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  
ARGIG.US CORP

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

2019 MAR -1 PM 4:22

2019 MAR -1 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

2ND REQUEST

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

ARDIG . US Corp

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

12320 SW 249 ST.

Princeton, FL 33032

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Omar Lopez Medina (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Omar Lopez Medina

12320 SW 249 ST.

Princeton, FL. 33032.

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

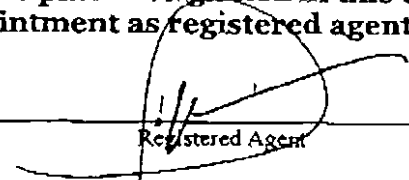
Omar Lopez Medina

12320 SW 249 ST.

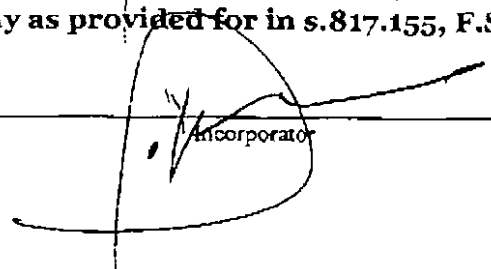
PRINCETON, FL 33032

**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