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	Division of Co Fax Number	: (850)617-6381
From:		
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.
	Account Number	
	Phone	: (305)552-5973
	Fax Number	: (305)675-5944

Email Address:_



FLORIDA PROFIT/NON PROFIT CORPORATION GAS CONTRACTOR AND GENERATOR INC

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

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			TICLES OF INCORPORATION In compliance with Chapter 607 (Profit)			
-	ARTICLE 1 NAME: The name of the corporation is:					
	<u> </u>	las contr	ractor and Generator Inc			
		A	RTICLE II PRINCIPAL OFFICE:			
		The pr 6259	cincipal street address and mailing address is: $SW 39^{\text{th}}$ Terrace			
	_	Miar	ni, FL 33155			
	<u>ARTICI</u>	<u>E III SHA</u>	RES: The number of shares of stock is: 100	·		
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:					
	<u></u>		orta. (P)			
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	ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:					
	The nam		\mathcal{O}	; :		
		62.59	SU) 39 terrega			
		MIAT	<u>565</u> 11 FL, 33155			
	— .					
	ARTICI	LE VI INCO	ORPORATOR: The name and address of the Incorporator is	:		
		Julio	Orta			
		6259	SW 39 Terrace			
	•	MIA	MI, FL 33155.			

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<u>Required Signatures:</u>

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

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