

P19000033545

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H19000128187 3)))



H190001281873ABC4

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)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 HENDRY COUNTY LOCKSMITH INC.

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

19 APR 22 AM 9:23

Electronic Filing Menu

Corporate Filing Menu

Help

K. PAGE

APR 23 2019

850-617-8381

4/19/2019 8:56:32 AM PAGE 1/001 Fax Server



April 19, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: HENDRY COUNTY LOCKSMITH INC.
REF: W19000038541

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the treasurer is not clear. Please write the last name clearly for proper processing.,

If you have any further questions concerning your document, please call (850) 245-6052.

KYLE D BRUMBLEY
Regulatory Specialist II
New Filing Section

FAX Aud. #: E19000128187
Letter Number: 119A00007944

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Hendry County Locksmith Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1701 Tampa Ave.
Clewiston, FL 33440**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Alejandro Gomez (P)
Maria E Cid (Treas)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Alejandro Gomez
1701 Tampa Ave.
Clewiston, FL 33440**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Alejandro Gomez
1701 Tampa Ave.
Clewiston, FL 33440

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 Agent4/18/19

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.



Incorporator4/18/19

Date