

Electronic Filing Cover Sheet

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	Division of Co	porations		2
	Fax Number	: (850)617-6381	20 20 20	ç
rom:			-	- 3
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	P	
	Account Number	: 120000000019		4
	Phone	: (305)552-5973	ς,γ	2.
	Fax Number	: (305)675-5944	្លូ	LCN:
inter ·	the email addres	5 for this business entity to be used for future		.,

Email Address:

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FLORIDA PROFIT/NON PROFIT CORPORATION CASQ, INC

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

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MAY	22	2019	

Electronic Filing Menu Corporate Filing Menu

Help

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	ARTICLES OF INCO In compliance with Chapter 607 and/		S. (Profit)	19 H/Y	NSIAH SEC
ARTICLE I NAME The name of the corporati	CASQ, INC			2 2	
ARTICLE II PRINCI		N 10366 NM	Asiling address, if different is 184TH TER	P PPR 3€ 0	CORPOR NIC
DORAL, FL 33178		DORAL, F		<u></u>	<u> </u>
ARTICLE III PURPO. The purpose for which th	SE e corporation is organized is:		· · · · · ·		
ANY AND ALL LAWFUL	BUSINESS				
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	NOCK 1S:	Name and Title:	VP: GENIS I. PEREZ DE \$	ARMI	EŅTO
Address	10366 NW 64TH TER	Address:	10366 NW 64TH TER		
				_	
	DORAL, FL 33178	-	DORAL, FL 33178		
Name and Title:		_ Name and Title:		<u> </u>	
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Name and Title:		_ Name and Title	·		
Address					
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/2019 14:22	3052201440	LAZARUS CORPORATE	PAGE Ø
			·
Name and	d Title:	Name and Title:	
Address		Address:	
		·.	
ARTICLE VI	REGISTERED AGENT	T acceptable) of the registered agent is:	
The Banie and Fi	CARLOS A SARMIENTO QUINO		
Name:		······································	MWA UNION
Address:	10366 NW 64TH TER		
	DORAL, FL 33178		
<u>ARTICLE VII</u>	INCORPORATOR		四 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
The name and a	ddress of the Incorporator is:		05
Name:	CARLOS A SARMIENTO QUI	NONES	
Address:	10366 NW 64TH TER		
	MIAMI, FL 33178	 	
<u>ARTICLE VIII</u>	EFFECTIVE DATE: 05/20	/2019	
Effective data it	Eather than the date of filing.	cific and cannot be more than five days priv	or or 90 days after the

the document's effective date on the Department of State's records.

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

Carlo	1 Same	undo Ø
	D	1 Sinceren (Daminter

Required Signature/Registered Agent

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.

Ealis Alamato Q Required Signature/Incorporator

05/20/2019

05/20/2019

rator.

Date

Date