Division of Corporations Electronic Filing Cover Sheet

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To:			1
	Division of Cor	rporations	;
	Fax Number	: (850)617-6381	· •
		•	
From:			
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	,
	Account Number	: I20000000019	2
	Phone	: (305)552-5973	=
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		` '	C.

annual report mailings. Enter only one enail address please.**

FLORIDA PROFIT/NON PROFIT CORPORATION HORUS EVOLUTION, INC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation	n shall be:			·
ARTICLE II PRINCI	PAL OFFICE rincipal <u>street</u> address		Mailing address, if differen	nt is:
LOT 20-21		LOT 20-21		
DAVIE, FL 33325	· · ·	DAVIE, FL 33325		
ARTICLE III PURPOS The purpose for which the	SE corporation is organized is:			
ANY AND ALL LAWFUL			_	
		· · · · · ·		
				<u></u>
			<u> </u>	
				1
				ري ري ريزي مند .
ARTICLE IV SHARES The number of shares of stock is:		.		All:5
ARTICLE Y INITIA	L OFFICERS AND/OR DIRECTORS			6 00 00 00 00 00 00 00 00 00 00 00 00 00
Name and Title: P: YOHAN B. CABRERA H		Name and Title	e:	E F
Address	ADDED IN OTATE DOAD OA			
	LOT 20-21		LOT 20-21	
	DAVIE, FL 33325	_	DAVIE, FL 33325	
Name and Title:		Name and Titl	e:	
Address		Address:	·	
				
				
Name and Title:		Name and Tit	le;	
Address		Address:		
Addiesa				
				
		<u> </u>	<u>. </u>	

Name and Title:		Name and Title:			
Address		Address:	 ,		
		<u> </u>			
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	3341810 19 J		
Name:	YOHAN B. CABRERA H		≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥		
Address:	112850 W STATE ROAD 84. LOT 20-21	· 	. ၏ ညည်း တွင်း Mar အတွင်		
.,	DAVIE, FL 33325				
			: 55 65		
ARTICLE VII	<u>INCORPORATOR</u>				
The name and s	address of the Incorporator is:	•			
Name:	YOHAN B. CABRERA H	_ _			
Address:	112850 W STATE ROAD 84. LOT 20-21	<u> </u>	·		
Accuses.	DAVIE, FL 33325	_			
Effective data	EFFECTIVE DATE: 1 other than the date of filing: 1 date is listed, the date must be specific and care	(OPTIONAL) inot be more than five days prior or 90	days after the		
Note: If the da	te inserted in this block does not meet the applical effective date on the Department of State's record	ble statutory filing requirements, this date is.	will not be listed as		
Having been no this certificate,	amed as registered agent to accept service of pro- I am familiar with and accept the appointment as	ess for the above stated corporation at th registered agent and agree to act in this c	e place designated in apacity		
Lu-		05/31/	05/31/2019		
	Required Signature/Registered Agent		Date		
I submit this d document to th	ockment and affirm that the facts stated herein (e Department of State constitutes a third degree fo	are true. I am aware that the false informitions as provided for in s.817.155, F.S.	nation submitted in c		
	Year	05/31	/2019		
Rec	uired/Signature/Incorporator		Date		
	\mathcal{L}				