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To:

**Division of Corporations** 

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 : (305)675-5944 Fax Number

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## FLORIDA PROFIT/NON PROFIT CORPORATION SOUTH FLORIDA STRIPING, INC

Certificate of Status	θ
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## ARTICLES OF INCORPORATION Indexempliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:
South Florida Striping In-
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
11335 SW 150 of
MiANI . Fl. 33/96 8 3
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Energys CANDOSO MOTINET (P)
Frank Rivers (1)
<del></del>
•
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
1/325 51) 150 - +
1133 30 130 6
14/AMI . F1 . 33/96
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
ENRIQUE CARSOSO MOLINET
11335, SW 158 ct
1/10 E/ 22/01

Date

## Required Signatures:

Having been named as registered agent to accept service of corporation at the place designated in this certificate, I am appointment as registered agent and agree to accept service of properties.	in this capacity
Registered Agent	JUNE 10/2019 Date
I submit this document and affirm that the facts stated hereithe false information submitted in a document to the Depart third degree felony as provided for in s.817.155, F.S.	n are true. I am aware that ment of State constitutes a

incorporator