**Division of Corporations Electronic Filing Cover Sheet** 

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

(((H19000222280 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

٦	_	
	w	

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 CLARYS #2 CORP.

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

Electronic Filing Menu

Corporate Filing Menu

Help

N. SAMS JUL 26 2019

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:  7760 Sw 29 84 miami F	
1760 30 29 37 Manie	05/30
	100
TICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OF	FICIU <b>RS</b> ;
7440' - 1 - 1 2C 00- (D)	<u>≥in</u>
MAR:ULI MORGADO (P)	
	<u> </u>
	<u></u>
·	
	<del></del> _
ARTICLE V INITIAL REGISTERED AGENT AND STRE	ET ADDRESS:
he name and Florida street address (PO Box not acceptable) of the	
CLARIVEL MORGADO	
7760 SW 29 ST.	
MIAMI FI 33155	
17 [11 11 1 1 2 2 2 1 2 2 2 2 2 2 2 2 2 2	
	the Incorporator i
ARTICLE VIINCORPORATOR: The name and address of	
ARTICLE VI INCORPORATOR: The name and address of CLARIVEL MORGADO	

## 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 a	familiar with and account the
acortal	7/2-4/19
Registered Agent	Date
I submit this document and affirm that the facts stated here the false information submitted in a document to the Departhird degree felony as provided for in s.817.155, F.S.	in are true. I am aware that tment of State constitutes a
Geort	7/24/19
Incorporator	[ rate