

**P19000058656**

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**L.S.A. PRO-INSTALLATION INC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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JUL 31 2019

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:L. S. A. PRO-INSTALLATION INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8966 COLLINS AV. Apt. 202  
MIAMI BEACH FL 33154**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Leandro S. Arnaudín (PSTN)  
Leandro S. Arnaudín (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**


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

Leandro S. Arnaudín  
8966 COLLINS AVE Apt 202  
MIAMI BEACH, FL 33154**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Leandro S. Arnaudín  
8966 COLLING AVE Apt 202  
MIAMI BEACH FL 33154

2019 JUL 30 AM 11:29

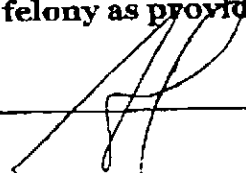
**Required Signatures:**

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 Agent

7/29/2019  
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.

  
\_\_\_\_\_  
Incorporator

7/29/2019  
Date