

P19 000074 128

Florida Department of State  
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.**

((H19000292398 3)))



H190002923983ABCA

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

To: 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

FILED  
19 OCT -1 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*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  
LORELY CORP**

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

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 02 2019

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Lorely Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

18935 NW 85 AVE #1605  
Hialeah, FL, 33015**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Elizabeth Gutierrez (P.)SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 OCT -1 PM 4:03

FILED

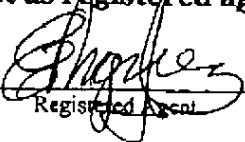
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Elizabeth Gutierrez  
18935 NW 85 Ave #1605  
Hialeah FL 33015**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Elizabeth Gutierrez  
18935 NW 85 ave #1605  
Hialeah FL 33015

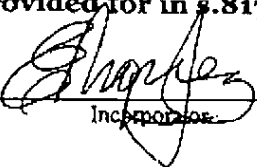
**Required Signatures:**

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

9/30/2019  
\_\_\_\_\_  
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 §.817.155, F.S.

  
\_\_\_\_\_  
Incorporator

9/30/2019  
\_\_\_\_\_  
Date

FILED  
19 OCT -1 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA