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.

(((H19000325479 3)))



H190003254793ABC7

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

1	О	:

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 JLOPEZ CORP

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
Slopez Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 5730 NW 11454 -
ARTICLE III SHARES: The number of shares of stock is: 100
JANICIET CÓPEZ (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the regis ered agent is:
5730 NW 114 St Hialach F133012
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Janicet Copez 5730 NW 1145t Higheah F1 83012

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

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 II O'L 19