

NOV/12/2019/TUE 12:39 PM

FAX No.

P. 001/003

P190003324384612

Division of Corporations

Florida Department of State

Division of Corporations

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**FLORIDA PROFIT/NON PROFIT CORPORATION
LOARCA SERVICES CORP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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r. SCOTT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME LOARCA SERVICES CORP

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

4659 SW 35 ST

WEST PARK, FL 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sergio Alfredo Lopez Ariza (P)

Name and Title: _____

Address: 4659 SW 35 ST

Address: _____

WEST PARK, FL 33023

Name and Title: Jose Alfredo Rodriguez Rodriguez (V/P)

Name and Title: _____

Address: 4659 SW 35 ST

Address: _____

WEST PARK, FL 33023

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Sergio Alfredo Lopez Ariza
Address: 4659 SW 35 ST
WEST PARK, FL 33023

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Sergio Alfredo Lopez Ariza
Address: 4659 SW 35 ST
WEST PARK, FL 33023

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature Registered Agent

11/11/2019

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.

Required Signature Incorporator

11/11/2019

Date