

P19000086284

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.

((H19000338980 3)))



H190003389803ABC8

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

****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
DARN QUICK FUMIGATION DIVISION INC**

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

19 NOV 19 PM 6:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help



K PAGE

NOV 20 2019

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: DARN QUICK FUMIGATION DIVISION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7401 NW 7TH ST UNIT 7

7401 NW 7TH ST UNIT 7

MIAMI, FLORIDA 33126

MIAMI, FLORIDA 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TENT FUMIGATION

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES @ 1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT ARMANDO DULZAIDES

Name and Title: _____

Address 7401 NW 7TH ST

Address: _____

UNIT 7

MIAMI, FLORIDA 33126

Name and Title: VICE-PRES. & TREA. VICTOR HERNANDEZ

Name and Title: _____

Address 7401 NW 7TH ST

Address: _____

UNIT 7

MIAMI, FLORIDA 33126

Name and Title: SECRETARY MARIA M DULZAIDES

Name and Title: _____

Address 7401 NW 7TH ST

Address: _____

UNIT 7

MIAMI, FLORIDA 33126

FILED
19 NOV 19 PM 6:22
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ARMANDO DULZAIDES
Address: 7401 NW 7TH ST UNIT 7
MIAMI, FLORIDA 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ARMANDO DULZAIDES
Address: 7401 NW 7TH ST UNIT 7
MIAMI, FLORIDA 33126

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: NOVEMBER 14, 2019 (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

X [Signature]
Required Signature/Registered Agent

11/14/2019
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.

X [Signature]
Required Signature/Incorporator

11/14/2019
Date

FILED
19 NOV 19 PM 6:22
SECRETARY OF STATE
OF FLORIDA