Flor of Department State Stat

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.

(((H19000345944 3)))



H190003459443ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:			•		
10.	Division of Cor	porations			
		: (850)617-6381			
			延 位	<u>ب</u>	
From:		LARABUS CORPORATE ETLING CERVICE TAC	· i		67.74
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	7. 74		3
	Account Number			(**)	# ;.1.
	Phone	: (305)552-5973	214	I .	p. 127
	Fax Number	: (305)675-5944	び芸	₽ >	ì
			777 - * [*1 775	~	****
				7	
**Enter 1	the email addres	s for this business entity to be used for futu	rje 👀	ŝ	
ann	ual report maili	ngs. Enter only one email address please.**	製品	50	-9
Ema	il Address:		3. · ·		

FLORIDA PROFIT/NON PROFIT CORPORATION PERFECTO PAZ CORP

Certificate of Status	0		
Certified Copy	11		
Page Count	03		
Estimated Charge	\$78.75		

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

DCIFII PRIN					
7501 NW	CIPAL OPFICE Principal street address 1977 AV 1420 ENS FL	7 <u>7</u> - 33055		Mailing address, SAME	if different is:
TICLE III PURI	COSE the corporation is organ	nized is: ANY	andall	Law ful.	business
			-		
TICLE IV SHA	of stock is:	OR DIRECTORS			
Name and Ti	de: RAMON VAZ	GARCIA	Name and Tit	le:	
Name and Ti	17501 NU	U ygth A	_ Address. <u>V</u> E	. <u>//</u>	'/A .
Name and Ti Address	17501 NU MIAMI GA	U YGTh A	XE _33055		'/A .
Name and Ti Address Name and Tit Address	17501 NU MIANI GA	U ygth A	XE 33055 Name and Th		/A .
Name and Tit	17501 NU MIANI GA	U YGTH A PROENS FI	Address: Address:	le:	/A
Name and Tit	17501 NU MIAMI GA 10:	U YGTH A PROENS FI	Name and The Address: Name and The Name and The Name and The	le:	/A

Name and Tit	e:	 ,	_ Name and Title	t:
Address	N/1)	Address:	N/A.
ADDVOY DATE DEC			-	
The name and Florida	<u>is reet address</u> (P.O. Bo	x NOT acceptable) o	f the registered ag	ent is:
Name:	Ramon Paz	Garag	<i>3</i> .	,
·	17501 NU		_	
	414MI GA			55
ARTICLE VII INC	ORPORATOR			
	e of the Incorporator is:	.		
Name:	RAMON F	92 GARU	<u> </u>	
Address:	17501 NO	N 7915	AVE	
	MIANI GA			75
ARTICLE VIII EF	FECTIVE DATE:	11-01-2	2019 "	OPTIONAL \
(If an effective date i	s listed, the date must h	specific and cann	ot be more than	OPTIONAL) five days prior or 90 days after the
Note: If the date inset the document's effect	rted in this block does no ive date on the Departme	ot meet the applicable ont of State's records	e statutory filing :	requirements, this date will not be listed as
Having been named a certificate, I am famil	s registered agent to acce iar with and accept the a	pt service of process pointment as registe	for the above state tred agent and ag	ed corporation at the place designated in this tee to act in this capacity
13-				11/26/2019
	Required Signature/	Registered Agent		Date
I submit this docume document to the Dept	nt and affirm that the fariment of State constitut	ncts stated herein an es a third degree felo	e true, I am awa ny as provided foi	
13				Date 11/26/2019
Required Signature/L	согротаю			Date