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.

(((H20000001222 3)))



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 LOKY ENGINEERING SERVICES INC.

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

SECOND REQUEST

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

| Loky Engineering Services Inc. |
|--|
| ARTICLE II PRINCIPAL OFFICE: |
| The principal street address and mailing address is: |
| 13218 SW 9 Lane Miami, FL 33184 |
| Miami, FL 33184 |
| |
| ARTICLE III SHARES: The number of shares of stock is: |
| ARTICLE IV INITIAL DIRECTORS AND OPERCEDS. |
| Nicholas Gimbel President |
| MICHORAS OTHISCT TIESIMENT |
| |
| 20 |
| ZO JA |
| |
| SO A |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS. 9 |
| The name and Florida street address (PO Box not acceptable) of the registered agentis: |
| Nicholas Gimbel |
| 13218 SW 9 Lane |
| Miami, FL 33184 |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: |
| Nicholas Gimbel |
| 13218 SW 9 Lane |
| Migmi, FL 33184 |

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 1-2-2020
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.

Incorporator 1-2-2020
Date

2020 JAN -3 AM 9:55 SECRETARY OF STATE