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To:			≥5
	Division of Co	rporations	
	Fax Number	: (859)617-6381	SSE.
From:			Ţ1,−,
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Number	: I20 000000 19	- 33 h
	Phone	: (305)552-5973	カニ ゴェ
	Fax Number	: (305)675-5944	T1 '7
Enter 1	the email addres:	s for this business entity to be used for fo	urtumo.
ann	ual manant maili	ings. Enter only one email address please.**	uture

FLORIDA PROFIT/NON PROFIT CORPORATION TOLEDO EQUIMENT DIRECT, INC

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



ARTICLES OF INCORPORATION

The compliance will Chapter 607 (Profit)
ARTICLE I NAME: The name of the corporation is:
Toledo Equinent Direct, INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 175 NW Fortain Bleave266 A Minnifl 32172 BLVD
ARTICLE III SHARES: The number of shares of stock is:
ARTICLEIV INITIAL DIRECTORS AND/OR OFFICERS: ALioska Toledo DEL Rio (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: Alioska Toledo Del Rio
175 NW fontainBleau Blvd #266A Miami FL 33172
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: Alioska Toledo Del Rio 175 NW Fartain Blau Blud #266 A

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 I ate

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

Diste

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