

P200000031895

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

(((H20000123946 3)))



H200001239463ABC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 APR 28 AM 9:42

FILED

\*\*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  
CANO SEWER INSPECTION INC

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

2020 APR 28 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature and date: 4/29/2020*

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Cano Sewer Inspection Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8730 SW 20 TER  
Miami FL 33165

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Pedro Lezcano (P)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
APR 28 2020  
AM 9:42

FILED

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

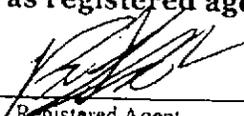
PEDRO LEZCANO  
8730 SW 20 TER  
MIAMI FL 33165

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

PEDRO LEZCANO  
8730 SW 20 TER  
MIAMI FL 33165

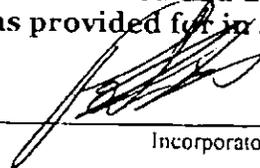
**Required Signatures:**

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

\_\_\_\_\_  
 4/28/2020  
 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

\_\_\_\_\_  
 4/28/2020  
 Date

FILED  
 2020 APR 28 AM 9:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA