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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

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Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION ALEJANDRO JIMENEZ PA

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

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

TICLE II PR	INCIPAL OFFICE		
	Principal street address	Mailing address, if different is:	
0503 WEYBRID	GE DR	10503 WEYBRIDGE DR	
AMPA, FL 3362	6	TAMPA, FL 33625	
<del></del>			
RTICLE III PU e purpose for which	RPOSE a the corporation is organized is: ANY	AND ALL LAWFUL BUSINESS RELATED TO REAL	
STATE.			
		•	
RTICLE IV Sine number of shares	HARES of stock is: 1000	<del></del>	
ne number of shares	of stock is: 1000  NITIAL OFFICERS AND/OR DIRE	CTORS  DENT Name and Title:	
ne number of shares	of stock is: 1000  NITIAL OFFICERS AND/OR DIRECTION OF ALEJANDRO JIMENEZ - PRESIDENTE OF ALEJANDRO DIRECTION OF AL		
ne number of shares  RTICLE V II  Name and T	of stock is: 1000  NITIAL OFFICERS AND/OR DIRECTION OF ALEJANDRO JIMENEZ - PRESIDENTE OF ALEJANDRO DIRECTION OF AL	DENT Name and Title:	
ne number of shares  RTICLE V II  Name and T	of stock is: 1000  NITIAL OFFICERS AND/OR DIRECTION OF THE STOCK OF TH	DENT Name and Title:	
ne number of shares  RTICLE V II  Name and T  Address	of stock is: 1000  NITIAL OFFICERS AND/OR DIRECTION ALEJANDRO JIMENEZ - PRESIDENCE	DENT Name and Title: Address:	
RTICLE V II  Name and T  Address	of stock is: 1000  NITIAL OFFICERS AND/OR DIRECTION OF THE STOCK OF TH	DENT Name and Title: Address:  Name and Title:	
ne number of shares  RTICLE V II  Name and T  Address	of stock is: 1000  NITIAL OFFICERS AND/OR DIRECTION OF THE SECTION	DENT Name and Title:  Address:  Name and Title:  Address:	
RTICLE V II  Name and T  Address	of stock is: 1000  NITIAL OFFICERS AND/OR DIRECTION OF THE SECOND OF THE	DENT Name and Title:  Address:  Name and Title: Address:	
Name and T Address  Address	of stock is: 1000  NITIAL OFFICERS AND/OR DIRECTION OF THE STOCK OF TH	DENT Name and Title:  Address:  Name and Title:  Address:	
Name and T Address  Address	of stock is: 1000  NITIAL OFFICERS AND/OR DIRECTION OF THE STOCK OF TH	DENT Name and Title:  Address:  Name and Title: Address:	
Name and T Address  Address	of stock is: 1000  NITIAL OFFICERS AND/OR DIRECTION OF THE STOCK OF TH	DENT Name and Title:  Address:  Name and Title: Address:  Name and Title:	
Name and T  Address  Name and T  Address	of stock is: 1000  NITIAL OFFICERS AND/OR DIRECTION OF THE SECOND OF THE	DENT Name and Title:  Address:  Name and Title: Address:  Name and Title: Address:	

(conti )

Name and Title:		Name and Title:			
Address		Address:			
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptab	e) of the registered agent is:			
Name:	ALEJANDRO JIMENEZ		2 <b>8</b>		
	10503 WEYBRIDGE DR	<del></del> -	2020 APR		
Address:	TAMPA, FT. 33626	_ <del>_</del>	2020 APR 29		
ARTICLE VII	INCORPORATOR				
The name and ac	ddress of the Incorporator is:		型: 「2: 53 元: 53		
Name:	ALEJANDRO JIMENEZ				
Address:	10503 WEYBRIDGE DR				
	TAMPA , FL 33626	<del></del>			
Having been na this certificate, I	med as registered agent to accept service of p am familiar with and accept the appointment	rocess for the above stated corpo as registered agent and agree to c	to the enjoyee.		
			04/29/2020		
	Required Signature/Registered Ager	it	Date		
I submit this do document to the	cument and affirm that the facts stated herei Department of State constitutes a third degree	n arc true. I am aware that the j efelony as provided for in s.817.I	false information submitted in a 55. F.S.		
			04/29/2020		
	Required Signature/Incorporator	<del></del>	Date		