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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

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: | |
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| | | |

FLORIDA PROFIT/NON PROFIT CORPORATION SANTOS QUINONES PA

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

| | CORPORATE |
|---------|-----------|
| LAZARUS | CURPURATE |

RATE _____ PAGE 02/03

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

| ARTICLE 13 NAME The name of the corporation shall be: Sartte | s Quinones PA | |
|---|----------------------------|----------------|
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | 3 damping 2 by | |
| Principal street address | Mailing address, if differ | ent is: |
| 9041 Sw 227 St Unit 5 | | |
| cutter Boy F1 33190 | Same | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: Recl Estq e | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| RTICLE IV SHARES ne number of shares of stock is: / 00 | | - 1 |
| RTICLE V INITIAL OFFICERS AND/OR DIR | ECTORS | · |
| ame and Title: Santos Quinones Presider | Name and Title: | - - |
| Cutter Boy F1 33190 | Address: | |
| ame and Title: | Name and Title: | |
| ddress: | | |
| me and Title: | Name and Title: | |
| idress: | | |

3052201440

Cate

| WITTEL | E VI REGISTE | RED AGEN | T | | | | |
|--------------|---------------------------------|--|---|---|---------------------|--|----------------------------|
| The name | and Florida street | address (P.O. | Roy NOT and the | ble) of the registered | | | |
| | <u> </u> | <u></u> | box NOT accepta | ble) of the registered | agent is | \$: | |
| Name: | Santos | Quinon | 25 | | | | |
| Address: | | | | | | | |
| | ants ca | Herboy A | F1 33190 | | | | |
| ARTICL. | E VII' INCOR | PORATOR | | | | | · |
| THO BEGIE | and address of the | Incorporator is | : | | | | |
| Name: | Santos | Quinams | | | | | |
| Address: | Santos 9041 Su Cuther Bac | 1.227 5 | + .Un. + S | | | | |
| | Cutter Ba | 1 F1 331 | 96 | | | | |
| | : | | | | | | |
| **** | (安全市中央市场市场市场市场市场市场) | | | | | | |
| Tavino hei | en named as region | ************************************** | · ************************************ | ******** | ***** | ***** | |
| his certific | cate, I and familiar | villi and accept | cept service of pro the appointment of | cess for the above si is registered agent ai | tated co nd agre | rporation at the pla se to act in this capa | ace designated in acity |
| | John John | \ | · | | 1 | | |
| | Required Signature | Registered Ag | gent | <u> </u> | Date | 2020 | |
| submit de | | | | | | - | |
| ocument t | o the Despirement of | firm- that the fo f Stare constitu | icts stated herein i tes a third degree] | ire true. I am awari felony as provided fo | that a | ny false informatio 17.155, F.S. | n submitted in a |
| 4 | Sallar | | | | | | |
| | D // V | 77 | | 56 | 02 | 2020 Eate | |
| | Required Signature | /Incorporator | | <u></u> , | | Cate | |