

**P20000048424**

## Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

2020 JUL -2 PM 4:03

**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.

(((H20000205963 3)))



H200002059633ABC.

**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 : 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: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUL -2 AM 10:01

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**O. LAZARUS INVESTMENT CORP.**

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

2020 JUL -2 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FL

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

O. Cabrerias Investment Corp.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

15636 SW 10 St

MIAMI FL 33194

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

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

OMAR Cabrera Hernandez

(P)

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

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

OMAR Cabrera Hernandez

15636 SW 10 St

MIAMI FL 33194

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

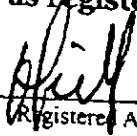
OMAR Cabrera Hernandez

15636 SW 10 St

MIAMI FL 33194

**Required Signatures:**

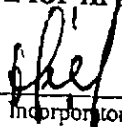
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent

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 §.817.155, F.S.



Incorporator

Date

FILED  
2020 JUL -2 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FL