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	FLORIDA PRO	OFIT/NON PROFIT CORPORA	TION
Ema	il Address:		
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	Fax Number	: (305)675-5944	
		: (305)552-5973	- '
	Account Number	: 120000000019	77. 7.
From:	Account Name	: LAZARUS CORPORATE FILING SERVICE	, INC. 😤
	Fax Number	: (850)617-6381	
	Division of Co		

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

LR shower Glass INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 5960 NW 186 ST APTO 302 HialeAH F.L 33015.
ARTICLE III SHARES: The number of shares of stock is:
PRESIDENT:
LANDRY EDWARD REPIZO CHARRISE: 8
ARTICLE V INITIAL REGISTERED AGENT AND STREET AD DRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: LANDRY EDWARD REPIZO CHARRIS 5960 NW 186 ST OBTO 302 HIAIEAH FL 33015
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: LANDRY EDWARD REPIZO CHARKS
LANDRY EDWARD REPIZO CHARRIS 5960 NW 186 ST apto 302 HIAIEAH FL 33015

Required Signatures:

aving been named as roots
aving been named as registered agent to accept service of process for the above stated appointment as registered in this certificate, I am familiar with an interest appointment as registered.
rporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this care site.
appointment as registered agent and agree to act in this capacity
100

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 s.817.155, F.S.

theorporator Date