## Horida Department of Atat Division if Consortions Lecture Filing over the st

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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

\*\*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 FLORIDA SHUTTER MASTER CORP

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

2020 AUG 24 PH 3: 21

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

(Front)
ARTICLE 1 NAME: The name of the corporation is:
7/06/10/2
10010 (006
ARTICLE II PRINCIPAL OFFICE:
The principal street add
The principal street address and mailing address is:
330/0. HIAIFAH TI
A DOWN CO.
ARTICLE III SHARES: The number of shares of stock is:
DIRECTORS AND/OR OFFICIALS:
LOSES PINEIRO
ARTICLE V INTITAL DECISION
THE PARTY AND TH
Joseph Street address (PO Box not acceptable) of the registered
157/W ZAVE HIMICAH 7/ 33010
TENTICAL TO SEE TO
33010
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is $\omega$
MOISES PINEIRO
1571 W 2 AVE
HIALEAH FL 33010
33010

## 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 s.817.155, F.S.

Incorporator

Date

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