

03/15/2013

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LAZARUS CORPORATE

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
FRISH SOLUTIONS CORP

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T. BURCH
SEP - 1 2020

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: FRISH SOLUTIONS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
5931 NW 173 DRIVE UNIT 9
MIAMI FL 33015

Mailing address, if different is:

5931 NW 173 DRIVE UNIT 9
MIAMI FL 33015**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL SERVICES**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Frederic Sanchez (President/ Secretary)Address 5931 NW 173 DR UNIT 9
MIAMI FL 33015

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Luis Rosales
Address: 5931 NW 173RD DR UNIT 9
Miami FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Luis Rosales
Address: 5931 NW 173RD DR UNIT 9
Miami FL 33015

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature/Registered Agent
08/28/20
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.

Required Signature/Incorporator
08/28/20
Date