

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.

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To:	Privated Co.		
	Division of Corporations Fax Number : (850)617-6381		
	Fax Number : (850)617-6381		
From:		<i>(ii)</i>	
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	(14°) (24)	
	Account Number : I20000000019 Phone : (305)552-5973	-n 🔾	
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**Ent	er the email address for this business entity to be used for fu	ture	
**Ent	annual report mailings. Enter only one email address please.**	ture	
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Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$78.75

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

V 173 ORIVE UNIT	CIPAL OFFICE			
	Principal street address	Mailing address, if different is:		
I FL 33015		5931 NW 173 DRIVE UNIT 9  MIAMI FL 33015		
		mischii F	1. 33013	
ICLE III PURI	POSE ANY AN	D ALL LAWE	TH CEDVIONO	
barbase for water	the corporation is organized is: ANY AN	D ALL LAVE	UL SERVICES	
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ICLE V INITI	AL OFFICERS AND/OR DIRECTORS			
Name and Tit	le: Andrea Maldacena (President)			
	le; Andrea Maldacena (President) 5931 NW 173 DRIVE UNIT 9	_ Name and Titl		
Name and Tit	le: Andrea Maldacena (President)		<sub>e:</sub> Juan Perez Maldacena (VP) 5931 NW 173 DRIVE UNIT 9 MIAMI FL 33015	
Name and Tit	le; Andrea Maldacena (President) 5931 NW 173 DRIVE UNIT 9		5931 NW 173 DRIVE UNIT 9	
Name and Tit	he; Andrea Maldacena (President) 5931 NW 173 DRIVE UNIT 9 MIAMI FL 33015	_ Address:	5931 NW 173 DRIVE UNIT 9 MIAMI FL 33015	
Name and Tit Address Name and Titl	he: Andrea Maldacena (President) 5931 NW 173 DRIVE UNIT 9 MIAMI FL 33015 e: Rocio Perez Maldacena (VP)	Address:  Name and Title	5931 NW 173 DRIVE UNIT 9 MIAMI FL 33015 e: Adriana Goncalves (VP)	
Name and Tit	Andrea Maldacena (President) 5931 NW 173 DRIVE UNIT 9 MIAMI FL 33015 E: Rocio Perez Maldacena (VP) 5931 NW 173 DRIVE UNIT 9	_ Address:	5931 NW 173 DRIVE UNIT 9 MIAMI FL 33015  Adriana Goncalves (VP)  5931 NW 173 DRIVE UNIT 9	
Name and Tit Address Name and Titl	he: Andrea Maldacena (President) 5931 NW 173 DRIVE UNIT 9 MIAMI FL 33015 e: Rocio Perez Maldacena (VP)	Address:  Name and Title	5931 NW 173 DRIVE UNIT 9 MIAMI FL 33015  Adriana Goncalves (VP)  5931 NW 173 DRIVE UNIT 9 MIAMI FL 33015	
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Name and Tit Address Name and Titl Address	Andrea Maldacena (President)  5931 NW 173 DRIVE UNIT 9  MIAMI FL 33015  E: Rocio Perez Maldacena (VP)  5931 NW 173 DRIVE UNIT 9  MIAMI FL 33015	Address:  Name and Tith Address:	MIAMI FL 33015  Adriana Goncalves (VP)  5931 NW 173 DRIVE UNIT 9  MIAMI FL 33015	
Name and Titl Address  Name and Titl Address	Andrea Maldacena (President)  5931 NW 173 DRIVE UNIT 9  MIAMI FL 33015  Rocio Perez Maldacena (VP)  5931 NW 173 DRIVE UNIT 9  MIAMI FL 33015	Address:  Name and Tith Address:  Name and Tith	5931 NW 173 DRIVE UNIT 9 MIAMI FL 33015  Adriana Goncalves (VP)  5931 NW 173 DRIVE UNIT 9  MIAMI FL 33015	
Name and Tit Address Name and Titl Address	Andrea Maldacena (President)  5931 NW 173 DRIVE UNIT 9  MIAMI FL 33015  E: Rocio Perez Maldacena (VP)  5931 NW 173 DRIVE UNIT 9  MIAMI FL 33015	Address:  Name and Tith Address:	5931 NW 173 DRIVE UNIT 9 MIAMI FL 33015  Adriana Goncalves (VP)  5931 NW 173 DRIVE UNIT 9 MIAMI FL 33015	

Name a	nd Title:	_ Name and Title:			
Address					
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	f the registered agent is:			
Name;	Luis Rosales	_			
Address:	5931 NW 173 DRIVE UNIT 9	_			
	MIAMI FL 33015	_			
ARTICLE VII	INCORPORATOR				
The name and a	ddress of the Incorporator is:				
Name;	Luis Rosales	_			
Address:	5931 NW 173 DRIVE UNIT 9	_			
•	MIAMI FL 33015	_			
Effective date, if (If an effective d filing.)  Note: If the date	effective DATE: other than the date of filing: late is listed, the date must be specific and canno inserted in this block does not meet the applicable ffective date on the Department of State's records.	t be more than five days prior or			
Having been nam certificate, I am f	ned as registered agent to accept service of process for amiliar with and accept the appointment as register	or the above stated corporation at the ed agent and agree to act in this cop	place designated in this acity		
	Ka Throlly	03/	/31/20		
I submit this dos	Required Signature/Registered Agent		Date		
document to the l	ument and affirm that the facts stated herein are Department of State constitutes a third degree felony	true. I am aware that the false info as provided for in s.817.155, F.S.			
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Required Signatu	re/Incorporator	Date	节型		
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