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To:

Division of Corporations

3052201440

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 **CRISTOFER INC**

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

10/20/2020 14:09 3052201440

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

ARTICLE 1 NAME: The name of the corporation is:
CRISTOFER INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and
33 DIO STANE HIALEAH FL
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
ELIFRBY IRIARTE ZAVAS PRESIDENT
- FRESTOCKT
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
the name and Florida street address (PO Box not acceptable) of the registered agent in
FLIERBY IRIARTE ZHYAS
B31 SE 9TH AVE HIALFAH,
FL 33010
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Elierby Iriarte Zavas
831 SE 9 AVE
Hialeah FL 33010

Date

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

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 felong approvided for in s.817.155, F.S.

Incorporator Date