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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
IRIARTE SERVICE INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:IRIARTE SERVICE INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

831 SE 9TH AVE HIALEAH FL
33010**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**DIOSVANI IRIARTE BLANCO (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

DIOSVANI IRIARTE BLANCO
831 SE 9TH AVE HIALEAH FL
33010**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:DIOSVANI IRIARTE BLANCO
831 SE 9 Ave
HIALEAH FL 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

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176381

FROM Barbara Matthews

DATE 2020-10-19 10:43:38 PDT

RE Order #542598523

COVER MESSAGE