

## Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H20000385409 3)))



H200003854093ABC+

	Doing s	o will generate anoth	ton on your brows her cover sheet.		<u></u>	01 AON 0202
_			· · · · · · · · · · · · · · · · · · ·			NON:
To:	Division of Co	rnorations				_
	Fax Number					
		- (- )				9h:11HB
From:					. 1.75	
	Account Name	: LAZARUS CORPORA	TE FILING SERVIC	E, INC.		••
		: 120000000019		5		9
	Phone Fax Number	: (305)552-5973 : (305)675-5944				_
an	nual report mail	ss for this busines ings. Enter only o	ss entity to be unner email address	ised for fi please.**	uture '	, L
an	the email addresnual report mail	ss for this busines ings. Enter only o	ss entity to be unne email address	used for for please.**	uture	
an	nual report mail ail Address: FLORIDA PR	ss for this busines ings. Enter only o  OFIT/NON PRO PECTRUM INTI	oFIT CORPOR	ATION	uture	
an	nual report mail ail Address: FLORIDA PR	ings. Enter only o OFIT/NON PRO PECTRUM INTI	oFIT CORPOR	ATION	uture	70
an	report mail ail Address: FLORIDA PR GLOBAL S Certificate of	OFIT/NON PROPECTRUM INTI	PET CORPOR	ATION	uture	70
an	report mail ail Address: FLORIDA PR GLOBAL S  Certificate of	OFIT/NON PRO PECTRUM INTI of Status	DFIT CORPOR ERNATIONAL  0 1	ATION	uture	70
an	report mail ail Address: FLORIDA PR GLOBAL S Certificate of	OFIT/NON PROPECTRUM INTI	OFIT CORPORERNATIONAL	ATION INC.	ature	60 :5 WA O LAN 0200

Electronic Filing Menu

Corporate Filing Menu

Help

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

TICLE II PRINCA	IPAL OFFICE					
	Principal street address	Mai	Mailing address, if different is:			
8220 Coral Way			8220 Coral Way			
Miami FL 33155		<del>-</del>	Miami FL 33155			
TICLE III PURPO			3.133			
purpose for which th	e corporation is organized is: An	y and all legal business purp	ose			
. <u> </u>						
			·	<del></del>	2020	
				<del></del>	NO.	
				··		:
					III.	!
					<u>=</u>	,
TICLE IV SHARE	<u>S</u>				<del>)</del> 1	
number of shares of s	tock is:			1-:-	٠.	
number of shares of s	tock is: 300			l.;-	O1	
number of shares of s	tock is:			ـد١	01	
TICLE V <u>INITIA</u>	L OFFICERS AND/OR DIRECTO	<u>RS</u>				••••
TICLE V INITIAL	LOFFICERS AND/OR DIRECTO	RS Name and Title:				
TICLE V INITIAL  Name and Title:	Alvaro Rojas, President  8220 Coral Way	RS Name and Title:			<del></del>	** **
TICLE V INITIAL  Name and Title:	LOFFICERS AND/OR DIRECTO	RS Name and Title:			<del></del>	** **
TICLE V INITIAL  Name and Title:	Alvaro Rojas, President  8220 Coral Way	RS Name and Title:				
Name and Title:	Alvaro Rojas, President  8220 Coral Way  Miami FL 33155	RS Name and Title: Address:				
Name and Title:  Address  Name and Title:	Alvaro Rojas, President  8220 Coral Way  Miami FL 33155	Name and Title: Address: Name and Title:				
Name and Title:	Alvaro Rojas, President  8220 Coral Way  Miami FL 33155	RS Name and Title: Address:				
Name and Title:  Address  Name and Title:	Alvaro Rojas, President  8220 Coral Way  Miami FL 33155	Name and Title: Address: Name and Title:				
Name and Title:  Address  Name and Title:	Alvaro Rojas, President  8220 Coral Way  Miami FL 33155	Name and Title: Address: Name and Title:				
Name and Title: Address  Name and Title: Address	Alvaro Rojas, President  8220 Coral Way  Miami FL 33155	Name and Title:				
Name and Title: Address  Name and Title: Address	Alvaro Rojas, President  8220 Coral Way  Miami FL 33155	Name and Title:  Address:  Name and Title:  Address:  Name and Title:				
Name and Title: Address  Name and Title: Address	Alvaro Rojas, President  8220 Coral Way  Miami FL 33155	Name and Title:  Address:  Name and Title:  Address:  Name and Title:				
Name and Title: Address  Name and Title: Address	Alvaro Rojas, President  8220 Coral Way  Miami FL 33155	Name and Title:  Address:  Name and Title:  Address:  Name and Title:				

Name and Title:		Name and Title:			
Address					
		<u> </u>	<del></del>		
ARTICLE VI RI	GISTERED AGENT ida street address (P.O. Box NOT acceptable) of	the registered agent is:			
Name:	Alvaro Rojas	5.000 again 3.			
Address:	8220 Coral Way	_			
-	Miami FL 33155	-			
		-	:		
<u>ARTICLE VII IN</u>					
The name and add	ress of the Incorporator is:			2020	
Name:	Alvaro Rojas		••	2020 NOV	* » 4 ",
Address:	8220 Coral Way	-		01	· · ·
	Miami FL 33155	_		<del>120</del>	ş U <u>B</u>
			٠. د	AM II:	
ARTICLE VIII E	FFECTIVE DATE: ner than the date of filing:	(OPTIONAL)	; ;	91	
(If an effective dat filing.)	e is listed, the date must be specific and canno	t be more than five days prior	or 90 days a	ifter the	
the document's effe	serted in this block does not meet the applicable ctive date on the Department of State's records.	statutory filing requirements, thi	is date will no	ot be list	ed as
United been wave-	des sections and amounts of the section of the sect				
certificate, I am fan	as registered agent to accept service of process fo illiar with and accept the appointment as register	or the above stated corporation a red agent and agree to act in this	i the place de: capacity	signated 1	in this
۷/	- 4-72		. 11.	/4/2	0
	Required Signature/Registered Agent	<del></del>	Da	ite /	<u>-</u> .
I submit this document to the De	ment and affirm that the facts stated herein are	true. I am aware that the false	information	submitte	ed in a
GOLUMENT IO THE IOC	partment of State constitutes a third degree felon	y as proviaea for in s.817.155, F.	*: <i>L</i>	1	
Required Signature	Incorporator	Data	1/4	/2e	,