3052201440



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.

(((H20000436926 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Co.	tions
	Division of Cor	•
	Fax Number	: (850)617-6381
From:		
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.
	Account Number	: I20000000019
	Phone	: (305)552-5973
		: (305)675-5944
		ress for this business entity to be used for futur ilings. Enter only one email address please.**
	Email Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION HANDLING SOLUTIONS CORP

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

parick Thompson . 2/23/2024

Electronic Filing Menu

Corporate Filing Menu

Help

12/21/2020

Handling Solutions 2.jpeg

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

HANDLING SOLUTIONS CORP				
ARTICLE II PRINCIPAL OFFICE:				
The principal street address and mailing address is:				
13625 NW 102 AVE				
HIALEAH GARDENS, FL 33018				
ARTICLE III SHARES: The number of shares of stock is: 100				
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:				
LEXIS MANUEL VARONA (P)				
· · · · · · · · · · · · · · · · · · ·				
ADVIDATE VILLE INTERIAL DEGLESSBURG ACCUSE AND STREET ADDRESS.				
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:				
LEXIS MANUEL VARONA				
13626 NW 102 AVE				
HIALEAH, FL 33018				
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:				
LEXIS MANUEL VARONA				
13625 NW 102 AVE				

HIALEAH GARDENS, FL 33018

PAGE 03/03

247 Management 3.jpeg

Required Signatures:

Having be corporation	en named as registered agent to accept son at the place designated in this certific appointment as registered agent and a	service of process for the above stated ate, I am familiar with and accept the gree to act in this capacity
	Registered Agent	0202/12/2020
I submit thi the false inf third degree	s document and affirm that the facts state ormation submitted in a document to the efelony as provided for in s.817.155, F.S.	ted herein are true. I am aware that e Department of State constitutes a

Incorporator