1/21/2021

Division of Corporations

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To:

Division of Corporations

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From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : I20200000022 Phone

: (305)420-5722

Fax Number

: (305)643-5225

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 L & A SEALING AND WATERPROOFING INC

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Electronic Filing Menu

Corporate Filing Menu

Help

e name of the corp		•		• ,
RTICLE II PRI	NCIPAL OFFICE		. ,	
10022 52	Principal street V 4TH ST APT 2		Mailing address,	if different is:
10922.54	THE STAFT 2			•
MIAMI, FL 33	174			
TICLE III PUI	<u>POSE</u>			
e purpose for whic	th the corporation is organized is: ANY AN	D ALL LAWFUL	BUSINESS	
	-			
				
TICLE IV SHA number of shares	of stock is: 1,000			
number of shares	of stock is: 1,000	Name and Title:	,	
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ARTICLE DIRECTORS No. Address Name and Title Address	V INITIAL OFFICERS AND/OR ame and Title: Luis Chiong - President 10922 SW 4TH ST APT 2 MIAMI, FL 33174	Address: Name and Title: Address:		AUZI JAN ZI PII
ARTICLE DIRECTORS No. Address Name and Title Address	V INITIAL OFFICERS AND/OR ame and Title: Luis Chiong - President 10922 SW 4TH ST APT 2 MIAMI, FL 33174	Address: Name and Title: Address: Name and Title:		AUZI JAN ZI PII

Name and Title:		Name and Title:		
Address		Address:		
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptabl	e) of the registered agent is:		
Name:	Luis Chiong			
Address:	10922 SW 4TH ST APT 2			
	MIAMI, FL 33174			
ARTICLE VII	INCORPORATOR	2021 JAI! 21		
The name and address of the Incorporator is:		A! 2		
Name:	Luis Chiong	<u></u>		
Address:	10922 SW 4TH ST APT 2	<u> </u>		
	MIAMI, FL 33174	4: 02		
Effective date, if	EFFECTIVE DATE: other than the date of filing: date is listed, the date must be specific and cal	. (OPTIONAL) nuot be more than five days prior or 90 days after the		
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Having been nan ertificate, I am f	ned as registered ligent to accept service of process samiliar with and accept the appointment as regis	ss for the above stated corporation at the place designated in the stered agent and agree to act in this capacity		
	Required Signature/Registered Agent	Date		
submit this doc ocument to the I	ument and affirm that the facts stated herein a Department of State constitutes a third degree fel	are true. I am aware that the false information submitted in lony as provided for in s.817.155, F.S.		
equired Signatur	pro Vilare	1/2/24		