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 FVP REALTY MANAGEMENT SERVICES CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
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Electronic Filing Menu Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
	848 Brickell Bay Dr #3904, Miaml,FL 33131
ART	CLE III SHARES: The number of shares of stock is: 100
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICEES:
Fra	(O)
	ank V Palacios (Y)
	IICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The n	ame and Florida street address (PO Box not acceptable) of the registered agent
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The n	ame and Florida street address (PO Box not acceptable) of the registered agent
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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

CocySigned by:	
FRING U PALACIOS	1/8/2021
Registered Agent	Late

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
FRANK V PALACIOS	1/8/2021
Cocaddined by:	