

P2100001/674

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**LEZU BUSINESS PLUS, INC**

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

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FEB 11 2021

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: LEZU BUSINESS PLUS, INC

**ARTICLE II PRINCIPAL OFFICE**Principal street address

6437 W. FLAGLER ST

AP: 34

MIAMI, FL 33144

Mailing address, if different is:

6437 W. FLAGLER ST

AP: 34

MIAMI, FL 33144

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: P: LEDHYS A. REGARDIZ PARRA

Address

6437 W. FLAGLER ST

AP: 34

MIAMI, FL 33144

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: LEDHYS A. REGARDIZ PARRA  
Address: 6437 W. FLAGLER ST. AP: 34  
MIAMI, FL 33144

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: LEDHYS A. REGARDIZ PARRA  
Address: 6437 W. FLAGLER ST. AP: 34  
MIAMI, FL 33144


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/10/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

02/10/2021

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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

02/10/2021

Date