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	Add	re	SS	:
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FLORIDA PROFIT/NON PROFIT CORPORATION C-ACUNA SERVICES CORP

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

J. FASON

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Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

ARTICLE II PRINCIPAL OFFICE:			
The principal street address and mailing addres	s is:		
24633 SW 115TH CT			
Homestead,FL 33032			
RTICLE III SHARES: The number of shares of stock is:	100		·
ARTICLE IV INITIAL DIRECTORS AND/OR O	FFICER	<u>S:</u>	
Clarence E. Acuna			_
President			· ~2
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		.' (. II. 9
	 -	- - <u>-</u>	
RTICLE V INITIAL REGISTERED AGENT AND STR	EET ADI	DRESS.	
e name and Florida street address (PO Box not acceptable) of the			
Clarence E. Acuna 24633 SW 115 CT HOMESTEAD FL 3303	2		
RTICLE VI INCOPPODATOD. The second of the se	3. 7		
RTICLE VI INCORPORATOR: The name and address of t Clarence E. Acuna 24633 SW 115 CT HOMESTEAD FL 3	he Incorp	oorator is	:

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

CARENCE ACTION CHARLES 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.

Incorporator

I)ate