Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H21000083289 3)))



H210000832893ABC0

		ver sheet.	 	21
To:				122
Division of Corporation Fax Number : (850)				
rax Number : (850))617-6381			े• क - ध.
From:				
Account Name : LAZA Account Number : I200	RUS CORPORATE FIL	ING SERVICE, I	NC.	୍କର୍ଭ ୯୬
)552-5973			W.J.
)675-5944			
	NON PROFIT C		200 200 200 200 200 200 200	2021 MAR 1
FLORIDA PROFIT/N		ORPORATI	200 200 200 200 200 200 200	2021 MAR 1 PM 1
FLORIDA PROFIT/N	ION PROFIT C	ORPORATI	200 200 200 200 200 200 200	PH to
FLORIDA PROFIT/N CAPE C	ION PROFIT C	ORPORATI RP	200 200 200 200 200 200 200	2021 MAR 1 PH %: 12
FLORIDA PROFIT/N CAPE C Certificate of Status	ION PROFIT C	ORPORATI RP	200 200 200 200 200 200 200	PH to
FLORIDA PROFIT/N CAPE C Certificate of Status Certified Copy	ION PROFIT C	ORPORATI RP 0	200 200 200 200 200 200 200	PH to
FLORIDA PROFIT/N CAPE C Certificate of Status Certified Copy Page Count	ION PROFIT C	ORPORATI RP 0 1 03	200 200 200 200 200 200 200	PH to
FLORIDA PROFIT/N CAPE C Certificate of Status Certified Copy Page Count	ION PROFIT C	ORPORATI RP 0 1 03	200 200 200 200 200 200 200	PH to

Corporate Filing Menu

Help

Electronic Filing Menu

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: ARTICLE III SHARES: The number of shares of stock is: 100 ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS. ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: ARTICLE VI INCORPORATOR: The name and address of the Incorporator 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

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 6.817.155, F.S.