

P21000023884

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.

((H21000106107 3)))



H210001061073ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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
L. ALFONSO SERVICES CORP.

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

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

MAR 18 2021

FILED

21 MAR 17 PM 10:33

RECEIVED

2021 MAR 17 PM 4:54

FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

L. ALFONSO SERVICES CORP.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

7175 SW 8 TH ST NO. 210

MIAMI FL. 33144

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

LAZARO R. ALFONSO

(P) -

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

LAZARO R. ALFONSO

7175 SW 8TH ST # 210

MIAMI FL. 33144

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

LAZARO R. ALFONSO

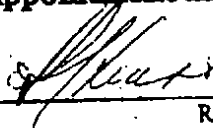
7175 SW 8TH ST # 210

MIAMI FL. 33144

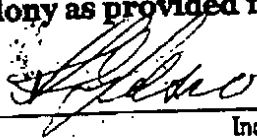
FILED
21 MAR 17 PM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

_____
Registered Agent_____
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_____
Date

FILED
21 MAR 17 PM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA