

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

P21000025750

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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****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
 ARCOIRIS SERVICIO Y REPARACION CORP.**

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

RECEIVED
 2021 MAR 23 AM 11:40
 DIVISION OF CORPORATIONS
 ELECTRONIC FILING SERVICES

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Arcoiris Servicio y Reparación CORP.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

17271 NW 53 AVE
MIAMI GARDENS
FL 33055**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**OSCAR VIERA - P**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**


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

OSCAR VIERA
17271 NW 53 AVE
MIAMI GARDENS FL 33055**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:OSCAR VIERA
17271 NW 53 AVE
MIAMI GARDENS FL 33055

2021 MAR 23 PM 10:25

Required Signatures:

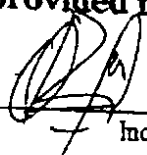
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent

3/22/21
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

3/22/21
Date

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