

## Florida Department of State

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 : (305)552-5973 Phone 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. \*\*

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Emall	Address:_	 	
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## FLORIDA PROFIT/NON PROFIT CORPORATION PLR AGENCY, INC.

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

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

		PLR AGENCY, IN	c.	
		ARTICLE II P	RINCIPAL OFFICE:	-
	•	The principal street add	dress and mailing address	is:
		000 Lionheart Dr., Jackso	•	
	Mailing: 14	361 Commerce Way, Ste	103, Miami Lakes, FL 3301	6
<u>RTI(</u>	CLE III	<b>SHARES:</b> The numbe	er of shares of stock is:	100
Pr	ARTICLI esident - Chr	EIV INITIAL DI istopher M. Casado	IRECTORS AND/OR O 50%	FFICERS:
	<del></del>	Janine de Armas	50%	*****
	ICLE V		RED AGENT AND STR	
	nine de Arma		Box not acceptable) of the	e registered ag
14	\$361 Comme	rce Way, Ste 103, Miami	Lakes, FL 33016	
	CLE VI		The name and address of	the In xorpora
90	SW 3rd Stre	eet, #3004		
				<del></del>

## 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 s.817.155, F.S.