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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

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FLORIDA PROFIT/NON PROFIT CORPORATION W.G. SERVICES OF MIAMI DADE INC

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

2021 ER 31 PH 1: 50

3052201440

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE 1 NAME The name of the corporat	ion shall be: W.G.	Services	of Mis	w: DADE	$\frac{1}{1}$
ARTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address		•	Idress, if different is:	
2901 NF	a-t-			Ances, it different is.	
MiAmi			,		
The purpose for which the	corporation is organized i	s:	•		
MILY	AND All	OWtul Se	RVICE		
					
	·		 _		
ARTICLE IV SHARE The number of shares of s	S 100				
ARTICLE V INITIA	Walter Gon	RECTORS ()		5	3
Name and Title	Walle Bull	Name a	nd Title:		-
Address	2901 NE 1 STAVE	4/2/8 Addres	s: <u> </u>		P
	MiAmi FL 3	<u>3/37</u>			17: 15
			· <u></u>		
Name and Title:	1	Name a	nd Title:		
Address		Addres	s:		-
					
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Name and Title:		Name a	and Title:		
Address		Addres	s:		
			<u> </u>	·····	
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				1
Name and Title:		Name and Title:		
Address				
				
				ļ
•				
The name and Placed	ERED AGENT			
Audite allo Florida tri	reet address (P.O. Box NOT acceptable) of t	the registered agent is:		ĺ
Name:	Valter Gomez-Frias			Ì
Address:	701 NE 15 AUR# 121	18		
M	liami Fr 33133	· .		
ARTICLE VII INCORE	PORATOR			
The name and address of	the Incompense is			
Name: W	La HER GOMEZ-TRIAS			
_	411-12 -11C/4S			
Address:	401 NE 1- AVE - 121	18		
<u>M</u>	IAMI 12 33137			ļ.
ARTICLE VIII EFFECT	TIVF NATE.			
Effective date, if other than	the date of fillians		•	!
(it an expective date is liste filling.)	ed, the date must be specific and cannot b	e more than five days p	rior or 90 days after	the
Note: If the date incorted in	in shirt and			
the document's effective da	n this block does not meet the applicable sta ate on the Department of State's records.	ututory filing requirements	s, this date will not be	listed as
Having been named as reois	Stered agent to agreet coming to			
certificate, I am familiar wit	stered agent to accept service of process for to th and accept the appointment as registered to	he above stated corporatio agent and agree to act in t	n at the place design. his canacity	sted in this
			!	
	Required Signature/Registered Agent		03/20/20	15
I submit this document and	d affirm that the facts rested		Date	
document to the Departmen	d affirm that the facts stated herein are trut t of State constitutes a third degree felony as	e. I am aware that the fa provided for in s.817.155	ise information subs F.S.	ritted in a
_			1	
Required Signature/Learner	TEMOX	Dat	33/20/2	150