Electronic Filing Cover Si

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.

(((H21000142521 3)))



H210001425213ABCS

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

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 : (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.

Address:	
	Address:

FLORIDA PROFIT/NON PROFIT CORPORATION AXLSALES CORP.

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

NAME: The name of the corporation is: ARTICLET

ess is: 600 ROFFICERS:	ARTICIA	ANALYSIS AND MARKO OF DESCRIPTION	
ess is: 600 ROFFICERS:		AXLsales Corp.	
: 600 R OFFICERS:		RTICLE II PRINCIPAL OFFICE:	
: 600 R OFFICERS:	The pri	ncipal street address and mailing address is:	
Casa #1608		410 E Thelma Street	_
Casa #1608		Lake Alfred, FL 33850	
Casa #1608			_
Casa #1608	ARTICLE III SHAI	RES: The number of shares of stock is: 600	·
Casa #1608	ARTICLE IV	INITIAL DIRECTORS AND/OR OFFICERS:	
	P-D	Axel Javier Zelaya Schrunder	
∳÷ †1		4 Calle, Entre 16 y 17 Avenida, Casa #1608	<u> </u>
∳÷ †1		San Pedro Sula, Cortes	
TR I			
		·	<u> </u>
			T :
STREET ADDRESS	ARTICLE V INI	4 Calle, Entre 16 y 17 Avenida, Casa #1608 San Pedro Sula, Cortes	RESS
	The name and Florida s	street address (PO Box not acceptable) of the registered	agent is:
of the registered agent is:		Axel Javier Zelaya Schrunder	
		410 E Thelma Street	
		Lake Alfred, FL 33850	
	ARTICLE VI INC	CORPORATOR: The name and address of the Incorp	orator is:
ess of the Incorporator is:		410 E Thelma Street	
ess of the Incorporator is:		l ake Alfred, FL 33850	

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

04/06/21

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, P.S.

> 04/06/21 Date