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H210001632223ABCT

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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

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. P. RAVEN INC

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

2021 APR 28 PM 3:10

2nd REQUEST

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:L P. RAVEN INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

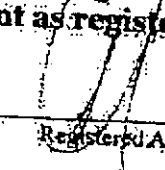
1493 MAPLE DRWESTONFLORIDA 33327**ARTICLE III SHARES:** The number of shares of stock is: 100 SHARES
@ 1.00**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**PRESIDENT: JUAN L DE LA GARZA1493 MAPLE DRWESTON, FLORIDA 33327**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

JUAN DE LA GARZA1493 MAPLE DRWESTON FL 33327**ARTICLE VI INCORPORATOR:** The name and address of the incorporator is:JUAN DE LA GARZA1493 MAPLE DRWESTON, FL 33327

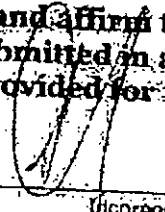
Required Signatures:

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.

X 

Registered Agent Date 04/23/2021

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. 817.153, F.S.

X 

Incorporator Date 04/23/2021