5/17/2021



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION LSMC CORP

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Help

From: Yanet Avila

2021-05-17 19:25:31 GMT

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

	tion shall be: LSMC CORP			
TICLE II PRINCIPAL OFFICE Principal street address 55 SW 152nd Ave APT G508		Mailing address, if different is: 7855 SW 152nd Ave APT G508		erent is:
mi, FL 33193		Miami, FL	33183	
CLE III PURPO irpose for which t	DSE he corporation is organized is: Any and	all lawful buin	ess	
TLE IV SHAR mber of shares of				21 MAY 17 SECRETAR ALLAHASS
	AL OFFICERS AND/OR DIRECTORS			
Name and Title Address	Ana C Santa Maria, President Directo 7585 SW 152ND Ave APT G503	Name and Title Address:	7585 SW 152ND A	
	MIAMI, FL 33193	_ Address:	MIAMI, FL 33193	.,
		-		
Name and Title		Name and Title		· · · · · · · · · · · · · · · · · · ·
Address		_ Address:		
		_		
Name and Title		Name and Title	, . 	

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Name	and Title:	Name and Title:	
Adds	eśs	Address:	
ARTICLE VI	REGISTERED AGENT		21 P SEC TALL
The name and	Florida street address (P.O. Box NOT acceptabl	e) of the registered agent is:	ARC A
Name:	Catherine C Santa Maria		\$55 <u> </u>
Address:	7585 SW 152ND Ave APT G508		21 MAY 17 PH SECRETARY OF ALLAHASSEE.
	Miami, FL 33193		. 8: 02
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		7 7
The name and	address of the Incorporator is:		
Name:	Catherine C Santa Maria		
Address:	7585 SW 152ND Ave APT G508	<u></u>	
	Miami, FL 33193	*****	
Effective date. (If an effective filing.) Note: If the definition of the defective date.	if other than the date of filing: 05/15/2021 e date is listed, the date must be specific and create inserted in this block does not meet the applic as effective date on the Department of State's reco	nanot be more than five days prio able statutory filing requirements, the	
Having been n certificate. I an	amed as registered agent to accept service of proce n familiar with and accept the appointment as reg	ess for the above stated corporation t istered agent and agree to act in this	nt the place designated in this copacity
(Patherine C Santa Maria		05/15/2021
	Required Signature/Registered Agent		Date
	locument and affirm that the facts stated herein we Department of State constitutes a third degree f		
Cat	herine C Santa Maria		05/15/2021
Required Signa	ature/Incorporator	Date	**************************************