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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

	Address:			
LMAIL	VAULCOEE.			

## FLORIDA PROFIT/NON PROFIT CORPORATION BLACKSTONE COLLISION CENTER CORP

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Blackstone Collision CENTER Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
1705W 32pl HiAleAh FL
1705W 32pl Hinlenh FL 33012
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
JANNER SANCHEZ P
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
JANNER SANCHEZ
1705 west 32/L Hinlery FL
33012
ADTICLE'S INCORDANGE OF
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:  JANNER Sanche?
JANNER SANCHEZ 1905 W 32 PC Hialeah Fl 33012

LAZARUS CORPORATE

## 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

Rogistered Agent 5/24/2/
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, F.S.

Sect 5/24/21
Ucorphrator Date