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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 OR TRANSPORATTION CORP

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

2011年122

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:	
	The principal street address and mailing address is:	
	2300 W 84 THST SVITE 408 Hialeah FI	
	33016	
	IR III CHARES. The sumb of the state in 100	
ARTIC	LE III SHARES: The number of shares of stock is:	
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
	JOA RAMINEZ MATOS (P)	
		9 25 26
		259 IIII 22
	H	- ン ン
		X
	—————————————————————————————————————	e သ
		_
AR	ICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
	me and Florida street address (PO Box not acceptable) of the registered agent is:	
	Olga Ramirez Matos	
	2300 W 84th St Svite 408 Hicken	
- ,	33016 F1	
_	30016 11	
ART	CLE VI INCORPORATOR: The name and address of the Incomporator is:	
	<u> </u>	

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 familian with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent 06/22/21

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.

Incorporator O6/23/2/

FILED
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