Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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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

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 OSHA BOAT CORPORATION

Certificate of Status	0
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Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME. TI
ARTICLE I NAME: The name of the corporation is:
2) It DOAL CORPORATION
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address:
08,3W 757
Flatida city. Fl
33034
ARTICLE III
ARTICLE III SHARES: The number of shares of stock is:/O O
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER 3:
LAZAYO SAAVE dyn (P)
23
ARTICLE V INITIAL REGISTERED AGENT AND STREET AD DRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Lazaro Saavedra
_ 681 Sw 7 St
Florida City Fl 33034
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: LOZOY O SOOVECTO
681 Sw 7 St
Florida City Fl 33034

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

Registered Agent

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

/Date