

# P21000068372

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H21000286083 3)))



H21000286083ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

2021 JUL 27 PM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

\*\*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  
LOS ANGELES NUNEZ CORP

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

2021 JUL 27 PM 4:08  
7/28/21

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Los angeles nunez corp

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

20NW 87 av Apt A110  
Miami Florida 33172

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Odalia nunez Sanchez  
(P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Odalia nunez Sanchez  
20NW 87 ave Apt A110  
Miami Florida 33172

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Odalia nunez Sanchez  
20NW 87 ave Apt A110  
Miami Florida 33172

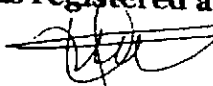
SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JUL 27 PM 9:21

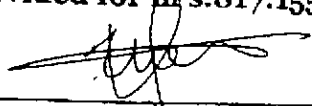
FILED

**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 Agent7/27/21  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator\_\_\_\_\_  
Date**FILED**

2021 JUL 27 PM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FL