



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

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

Email Address:	
Email Address:	 

## FLORIDA PROFIT/NON PROFIT CORPORATION OP GENERAL LABOR CORP

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

4U6 0 6 2021

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

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

RTICLE II PR	UNCIPAL OFFICE				
Principal street address 810 NW 112TH ST			Mailing address, if different is:		is.
MIAMI, FL 33168		<u>SAM</u>	SAME SAME		
				<del></del>	
RTICLE III PU ne purpose for whi	ich the corporation is organized is:	HE GENERAL NATUR	Œ OF THE BU	SINESS AND C	BJECTS
ND PURPOSED	TO BE TRANSACTED AND CARE	UED ON BY THIS COR	PORATION A	RE TO DO AN	Y AND
LL OF THE THI	NGS HEREIN MENTIONED, AS FU	JLLY AND TO THE SA	ME EXTENT	AS NATURAL I	PERSON
(IGHT DO:			<del></del>		
TRANSACT AN	Y AND ALL LAWFUL BUSINESS		<del></del>		
SAID CORPORA	ATION SHALL FURTHER HAVE F	OWERS			·
				- <u>-</u>	
RTICLE IV SH. e number of shares	of stock is:		ENEKAL LABO	CORP	
RTICLE IV SH. e number of shares	ARES 100 s of stock is:  TIAL OFFICERS AND/OR DIRECT  itle: OSCAR C. PENA			- CORP	
RTICLE IV SH. e number of shares	ARES 100 s of stock is:  TIAL OFFICERS AND/OR DIRECT	<u>CORS</u>		- CORP	
RTICLE IV SH.  The number of shares  RTICLE V INF  Name and T	ARES 100 s of stock is:  TIAL OFFICERS AND/OR DIRECT  itle: OSCAR C. PENA	TORS  Name and Ti		J. CURP	
RTICLE IV SH.  The number of shares  RTICLE V INF  Name and T	ARES 100 of stock is:  TIAL OFFICERS AND/OR DIRECT  Title: OSCAR C. PENA  810 NW 112TH ST  MIAMI, FL 33168	FORS  Name and Ti	tle: DP	J. CURP	
RTICLE IV SH.  RETICLE V INF  Name and T  Address	ARES 100 of stock is:  TIAL OFFICERS AND/OR DIRECT  Title: OSCAR C. PENA  810 NW 112TH ST  MIAMI, FL 33168	Name and Ti	tle: DP	J. CORP	26
RTICLE IV SHAPE  RETICLE V INF  Name and T  Address  Name and Ti	ARES  Of stock is:  TIAL OFFICERS AND/OR DIRECT  TIAL: OSCAR C. PENA  810 NW 112TH ST  MIAMI, FL 33168  tle: JANETH MARCIA	FORS  Name and Ti	tle: DP	TOTAL	2001 AUG
RTICLE IV SHAPE  RETICLE V INF  Name and T  Address  Name and Ti	ARES OF STOCK IS:  THAL OFFICERS AND/OR DIRECT STITLE: OSCAR C. PENA 810 NW 112TH ST MIAMI, FL 33168  tle: JANETH MARCIA 810 NW 112TH ST	Name and Ti	tle: DP	J. CORP	AUG -5
RTICLE IV SHAPES RTICLE V INF  Name and T  Address  Name and Ti  Address	ARES OF STOCK IS:  THAL OFFICERS AND/OR DIRECT STITLE: OSCAR C. PENA 810 NW 112TH ST MIAMI, FL 33168  tle: JANETH MARCIA 810 NW 112TH ST	Name and Ti	tle: DP		AUG -

Name	and Title:	Name and Title:	
Addre			
		<del></del>	
•		<del></del>	<u> </u>
ARTICLE VI	REGISTERED AGENT		
The name and	Florida street address (P.O. Box NOT accep	able) of the registered agent is:	
Name:	OSCAR C. PENA	, U Igani U,	•
Address:	810 NW 112TH ST	<del></del>	
	MIAMI, FL 33168	<del></del>	
ARTICI E VII	INCORPORATOR		
	<del></del>		
The name and	address of the Incorporator is:		
Name:	OSCAR C. PENA		
Address:	810 NW 112TH ST		
	MIAMI, FL 33168		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, i	f other than the date of filing:	(OPTIONAL)	
(If an effective filing.)	date is listed, the date must be specific and	cannot be more than five days pr	ior or 90 days after the
Note: If the dat	e inserted in this block does not meet the apple	icable statutory filing requirements	atticidade of the state of the
the document's	effective date on the Department of State's rec	ords.	unis date will not be listed as
Having been na	med as registered agent to accept service of p	rocess for the above stated corpora	tion at the place designated in
ans certyteate, 1	am familiar with and accept the appointment	as registered agent and agree to ac	t in this capacity
<del></del> ,	- Preor atern		08/05/2021
	Required Signature/Registered Ager	1	Date
I submit this do document to the	cument and affirm that the facts stated herei	n are true. I am aware that the fai	lse viformation submitted in a
	Department of State constitutes a third degree	Jeiony as provided for in 1817.155	5, F.S.
	( )ecore cim		08/05/2021
Requ	ired Signature/Incorporator		Date