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 fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002980973)))



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 : 1200000000019 : (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 TRITON BODY SHOP, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	A DETICLE II - BRINGIBAL OFFICE
	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
•	2728 NW 32nd Street
	Miami, Florida 33142
AR	CICLE III SHARES: The number of shares of stock is: 100
-	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
<u>_</u> T	itle VP
5	Sunay Orellana
3	201 NW 24 Street Road Suite 211 Miami, Florida 33142
J	Title P
<u>(</u>	Carlos Ernesto Orellana Cruz
Ŝ	3201 NW 24 Street Road Suite 211 Miami, Florida 33142
A	RTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
_	e name and Florida street address (PO Box not acceptable) of the registered agent is:
(Carlos Ernesto Orellana Cruz
	3201 NW 24 Street Road Suite 211
	Miami, Florida 33142
A	RTICLE VI INCORPORATOR: The name and address of the Incorporator is:
-	Carlos Ernesto Orellana Cruz
=	3201 NW 24 Street Road Suite 211
	Miami, Florida 33142

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 08/06/2021

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 \$.827.155, F.S.

08/06/2021

Date

7