

P210000311210288

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.

(((H21000311210 3)))



H210003112103ABCL

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

le/18/21

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

2021 JUL 18 AM 11:11
 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
 LOPEZ OSNIEL 88 CORP**

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

2021 JUL 18 PM 4:41

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Lopez Osniel 88 Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

977 W 77 St Hialeah

FL 33014

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

MARIA CARIDAD LOPEZ

Michelena

(P)

SECRETARY OF STATE
TALLAHASSEE FL

2021 JUL 18 AM 11:11

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

MARIA CARIDAD LOPEZ MICHELENA

977 W 77 ST HIALEAH FL

33014

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

MARIA CARIDAD LOPEZ MICHELENA

977 W 77 ST HIALEAH, FL

33014

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

X me _____ 08/18/2021
Registered Agent 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.

X me. _____ 08/18/2021
Incorporator Date

FILED
2021 JUL 18 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FL