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Division of Corporations

From: Alex Pina

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:  
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Account Name : ALEX PINA CO.  
Account Number : I20190000095  
Phone : (305)803-8471  
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**LBS74 Inc**

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SEP 16 2021

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: LBS74 Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address  
91 NW 151st St

Mailing address, if different is:

Miami, FL 33169**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any And All Lawful Purposes**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Luis A Barroso Mendoza - President

Name and Title: \_\_\_\_\_

Address 91 NW 151st St

Address: \_\_\_\_\_

Miami, FL 33169

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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2021 SEP 15 PM 1:07  
ALL INFORMATION CONTAINED  
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Alex Pina CoAddress: 8400 NW 36th St Ste 450Doral, FL 33166**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Luis A Barroso MendozaAddress: 91 NW 151st StMiami, FL 33169**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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*\_\_\_\_\_  
Required Signature/Registered Agent09/13/2021\_\_\_\_\_  
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 s.817.155, F.S.*\_\_\_\_\_  
Required Signature/Incorporator09/13/2021\_\_\_\_\_  
Date