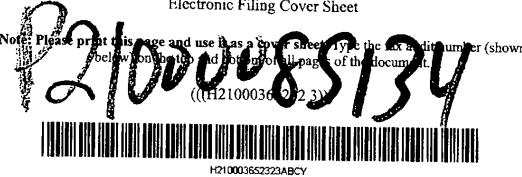
## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone 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 LAUZURIKA PROFESSIONAL SERVICES INC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 03      |
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Electronic Filing Menu

Corporate Filing Menu

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# ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

# ARTICLE 1 NAME: The name of the corporation is:

| LAUZURIKA PROFESSION                                    | ALSERVICES INC                    |
|---------------------------------------------------------|-----------------------------------|
| ARTICLE II PRINCIPAL O                                  | FFICE:                            |
| The principal street address and mailing                | ng address is:                    |
| 4147 W 8TH AVE                                          |                                   |
| HIALEAH FL 33012                                        |                                   |
|                                                         |                                   |
| ARTICLE III SHARES: The number of shares of st          | tock is:                          |
| ARTICLE IV INITIAL DIRECTORS AT                         | ND/OR OFFICERS:                   |
| RITA M. MARTELL (P)                                     |                                   |
|                                                         |                                   |
|                                                         | 282<br>282                        |
| *                                                       | SEF                               |
|                                                         | 29                                |
|                                                         | <b>≥</b> x                        |
|                                                         | 2                                 |
| ARTICLE V INITIAL REGISTERED AGENT A                    |                                   |
| The name and Florida street address (PÖ Box not accepta | able) of the registered agent is: |
| RITA M. MARTELL                                         |                                   |
| 4147 W 8TH AVE                                          |                                   |
| HIALEAH FL 33012                                        |                                   |
| ARTICLE VI INCORPORATOR: The name and a                 | .JJfal - Y                        |
| ARTICLE VI INCORPORATOR: The name and a RITA M. MARTELL | iddress of the incorporator is:   |
| 4147 W 8TH AVE                                          |                                   |
|                                                         |                                   |
| HIALEAH FL 33012                                        |                                   |

## Required Signatures:

| Having been named as registered agent to accept s corporation at the place designated in this certific appointment as registered agent and ag                       | ate. I am familiar with and accen | tated<br>t the |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------|
| - Richell                                                                                                                                                           | 9/28/2021                         |                |
| Registered Agent                                                                                                                                                    | Date                              |                |
| I submit this document and affirm that the facts stated the false information submitted in a document to the third degree felony as provided for in s.817.155, F.S. | e Department of State constitute  | hat<br>:s a    |
| Incorporator                                                                                                                                                        | 9/28/2021<br>Date                 |                |