

P21000086940

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.

((H21000372622 3)))



H210003726223ABCZ

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 : I2000000019
 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: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2021 OCT -5 AM 9:19

FILED

287
5 PM 3:08

FLORIDA PROFIT/NON PROFIT CORPORATION
BUSTAMANTE SERVICES CORP

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

FILED

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

2021 OCT -5 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I NAME: The name of the corporation is:

Bustamante SERVICES CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

19800 SW 180 AVE Lot 569 MIAMI FL
33187

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

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

ALEXIS ORIA Bustamante (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

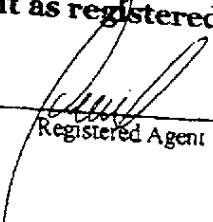
Alexis Oria Bustamante
19800 SW 180 AVE. Lot 569
MIAMI FL 33187

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

ALEXIS ORIA BUSTAMANTE
19800 SW 180 AVE. Lot 569
MIAMI FL 33187

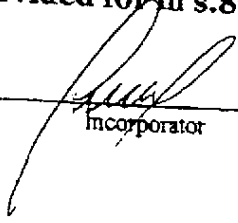
Required Signatures:

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 _____ 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.



Incorporator _____ Date _____

FILED
2021 OCT -5 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FL