

10/15/21, 11:44 AM

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
FARMACIA LAZARO C.A. INC

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

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

2021 OCT 15 AM 9:49

ARTICLE I NAMEThe name of the corporation shall be: FARMACIA LAZARO C.A. INCOFFICE OF THE STATE
CLERK
TALLAHASSEE, FL**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6707 TANGLEWOOD BAY DR 2306ORLANDO, FL 33821**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Victor Armando Gutierrez Querencia (P)

Name and Title: _____

Address 6707 TANGLEWOOD BAY DR 2306

Address: _____

ORLANDO, FL 33821

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Victor Armando Gutierrez Querancio
Address: 6707 TANGLEWOOD BAY DR 2306
ORLANDO, FL 33821

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Victor Armando Gutierrez Querancio
Address: 6707 TANGLEWOOD BAY DR 2306
ORLANDO, FL 33821

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

/s/ Victor Armando Gutierrez Querancio _____
Required Signature/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.

/s/ Victor Armando Gutierrez Querancio _____
Required Signature/Incorporator Date

2021 OCT 15 AM 9:49
DEPARTMENT OF STATE
CORPORATION
FL
1015