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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PADRON AND ASSOCIATES INC.

Account Number : I20060000156 Phone : (305)818-0404 Fax Number : (305)818-0898

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

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FLORIDA PROFIT/NON PROFIT CORPORATION LOMSYSTEM CORP.

Certificate of Status	0
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Page Count	04
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: LOMS	SYSTEM CORP.		
	(PROPOSED CORPOR	ATE NAME - MUST INCL	UDE SUFFEX)
Enclosed are an or	iginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee		S78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	
FROM:	ALPH PADRON Nam 95 W 76TH ST - SUITE 102	e (Printed or typed)	
		Address	
H	ALEAH, FL 33016		
	City	State & Zip	
30	5-818-040-4		
	Daytime T	elephone number	
ral	oh@ralphpadcon.com		
_	E-mail address: (to be use	d for future annual report n	otification)

NOTE: Please provide the original and one copy of the articles.

3058180898

ARTICLES OF INCORPORATION

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

The name of the corpora	LOMSYSTEM CORP.		
ARTICLE II PRINC		Mailing address	s. if different is:
STE 166			
HIALEAH, FL 33016			-
ARTICLE III PURPO The purpose for which t	2SE ANY A corporation is organized is:	ND ALL LAWFUL BUSINESS.	
•			
			7.2
ARTICLE IV SHAR			1121 JC1 22
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS		-
Name and Title		Name and Title:	•
Address	2095 W 76TH ST	Address:	
	STE 166		
	HIALEAH, FL 33016		<u> </u>
Name and Title:		Name and Title:	
Address		A.3.	
			-
			<u> </u>
Name and Title:		Name and Title:	
Address		Address:	

Name a	and Title:	Name and Title:				
Addre	ss	Address:				
						
	REGISTERED AGENT					
The <u>name and</u>	Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:				
Name:	PADRON & ASSOCIATES, INC.	<u></u>	: 2			
Address:	2095 W 76TH ST - STE 102		121 OCT			
	HIALEAH. FL 33016		2121 OCT 2			
			∼			
ARTICLE VII	<u>INCORPORATOR</u>					
The <u>name and a</u>	address of the Incorporator is;		- + ជ			
Name:	JOSE LOPEZ					
Address:	2095 W 76TH ST - STE 166					
	HIALEAH, FL 33016	_ 				
ARTICLE VIII	EFFECTIVE DATE:					
Effective date, t (If an effective days after the f	f other than the date of filing:		L) tess days prior or 90 business			
Note: If the dat the document's	e inserted in this block does not meet the applica effective date on the Department of State's recor	ble statutory filing requirements.	nts, this date will not be listed as			
Having been na his certificate, I	med as registered agent to aftept service of pro am familiar with affil potent the opposintment as	cess for the above stated corp registered agent and agree to	oration at the place designated in act in this capacity			
			10/22/2021			
	Required Signature/Registered Agent		Date			
submit this do locument to the	cument and affirm that the facts stated herein to Department of State constitutes a third degree for	are true. I am aware that the lony as provided for in s.817.	false information submitted in a 155, F.S.			
	-Jally		10/22/2021			
Requ	ired Signature/Incorporator		Date			