

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.
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Phone : (305)552-5973
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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
J LEZCANO SERVICES INC.

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

RECEIVED

2021 DEC 17 PM 4:30

SECRET
TALL/PROV. 11/21/21

2021 DEC 17 AM 10:53

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ARTICLES OF INCORPORATION

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

effective Date 1/1/22

ARTICLE I NAME: The name of the corporation is:

J. Lezcano Services Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3898 SW 133 PL 33175

Miami, Florida

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Josue Joel Lezcano (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Josue Joel Lezcano

3898 SW 133 PL 33175

Miami Florida

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

Josue Joel Lezcano

3898 SW 133 PL 33175 Miami, FL

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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

FEB 17 2022

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SECRETARY OF STATE
TALLAHASSEE, FL