# 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 : I20008000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

\*\*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 INTERNATIONAL TRANSFERS, INC

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



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#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

EIN 65-0696043

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

ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
12370 <u>SW 193 ST. MIAMI FL 33177</u>	
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·	
ARTICLE III SHARES: The number of shares of stock is: 100	<del> </del>
ARTICLE IV INITIAL DIRECTORS AND/OR OFF	ICERS:
DSCAR MEBRENO PRESIDENT	
·	
	<del></del>
	<u> </u>
<del></del>	Ú
ARTICLE V INITIAL REGISTERED AGENT AND STREE	ET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the re	egistered agent is
DSCAR MEMBRENO	
2370 SW 193 ST. MIAMI FL 33177	
	<u>.</u>
ARTICLE VI INCORPORATOR: The name and address of the	e Incorporator is
OSCAR MEMBRENO	

## 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

Represent 1/13/2022

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 \$.817.155, F.S.

1/13/2022

Date

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