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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.\*\*

Enail	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION MULTI SERVICES BY LEUNAN INC

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

SLORE IARY OF STATE

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D. O'KEEFE FEB 1 1 2022

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:
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Multi Services by Leuran Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
(P)-7/290 NW 7th ST suite 101
(P)-7'290 NW 7th 81 Swite 101 - Wiami FL, 33/24
(N) 1929 SE 23 Ter Homestead FL 33035
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
LEUNAN DELA NUEZ ESPINOSA
(P)
SS T
<u> </u>
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Leunan Dela nuez Espinosa
1929 St 23 Ter Homestead #
23035
<b>ARTICLE VI</b> INCORPORATOR: The name and address of the Incorporator is:
Leunan Dela nuez Espinosa
1929 SE 23 Ter Homestrad +1
38035

## 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

ALLAHASSEE, FLORID,

Date LARY OF STATE

ALLAHASSEE, FLORID,