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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 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.\*\*

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION **BEST MOVING ESPINOSA INC**

Certificate of Status	0
Certified Copy	I
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Help

D. O'KEEFE FEB 1 1 2022

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	•
Best aboving Espinosa inc	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:  (P) 5808 Blue lagoon by Suite 465.  Wigni FL 38124  (H) 1929 SE 23 Tey Homestead FL 330	3
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:  LOUMAN DELA NUEZ ES PINOSA ES  (P)  AHARIAN DE LA NUEZ ES PINOSA ES  (P)  SSEE, FLORIDA	= ¬
ARTICLEV 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 SE 28 Ter Homestead Fl  33035	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Leuran Dela nuez Espinosa	
1929 SE 23 Ter Homestead Fl 38085	

## 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

•	-	-
- senian		
Registered Agent		
Store of Aguil	 	
	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.

Scrandin	Date
ulcorporator	Date

FULED

2022 FEB 10 PM 3: 19

SECRETARY OF STATE