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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 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 MAZU SERVICES, CORP.

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

Help

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

ARTICLE I NAME: The name of the corporation is:		
Hazu Services, Corp.		
ARTICLE II PRINCIPAL OFFICE:	<u></u>	_
The principal street address and mailing address is:  1117 W OKLE CHOBSE Rd.		
Suite # 102-103	_	
Hialean Gardens, F1 33018	_	
ARTICLE III SHARES: The number of shares of stock is: 100.	·	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
Rene Mesa Pichado (P)	2022	
1117 W Okee Chobee Rd		٦
Site # 102-103	22	r
Higlean Gardens A 33018	<u></u>	П
	11:23	O
	—- <b></b> ω	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRI  The name and Florida street address (PO Box not acceptable) of the registered as		
Pene Mesa Pichardo		
11117 W OKEECHODEE Rd Suite #102-103	<del></del>	
Halean Gardens, Fl 33018		
	<del></del>	
ARTICLE VI INCORPORATOR: The name and address of the Incorpora	itor is:	
Rene Mesa Pichardo		
1117 w Okcechobee pd Suite #102-103	<del></del>	
Hialean Gardens, fl 33018.		

## 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 2/20/2020
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

7:23