Division of Corporations Electronic Filing Cover Sheet

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			Division of Corporations		T	
			Fax Number	: (850)617-6381	SE 28	
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	ŝ	운송방	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	\$	
Ш	ä	≾≅≅	Account Number	: I2 00000 00019	SSE SSE	_
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63	\sim	14 - 64		ress for this business entity to be used for f	요료 ㅠ	<i>(</i> _
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FLORIDA PROFIT/NON PROFIT CORPORATION RV STRUCTURE SYSTEM, CORP

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

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

1/7/ I/ 74 ~~	poration shall be: RV STRUC		
<u>ICLE II PR</u> 0 SW 38TH S MI, FL 33155		7380 SW 36	ing address, if different is: TH ST
MI- LL 33155		MIAMI, FL 3	3155
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CIFIII. DIL	RPOSE ch'the corporation is organized is: ANY		•
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· <u> </u>			7.
	ARES of stock is: 100 TIAL OFFICERS AND/OR DIRECTOR		AHASSEE
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Name and T			FLO
Name and T	itle: RAYMON HERNANDEZ	Name and Title:	
	itle: RAYMON HERNANDEZ PRESIDENT	Name and Title:Address:	A D T
	itle: RAYMON HERNANDEZ	Name and Title:Address:	
Address	PRESIDENT 7380 SW 36TH ST MIAMI, FL 33155	Name and Title:Address:	and the second s
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Address Name and Tit Address	PRESIDENT 7380 SW 36TH ST MIAMI, FL 33155	Name and Title: Address: Name and Title: Address: Name and Title:	- And the second

Name an	d Title:	Name and Title:		
Address		Address:		
				
ARTICLE VI.	REGISTERED AGENT			
	lorida street address (P.O. Box NOT accept	able) of the registered agent is:		
Name:	RAYMON HERNANDEZ			
Address:	7380 SW 36TH ST			
	MIAMI, FL 33155	<u>.</u>		
ARTICI F VII	<u>INCORPORATOR</u>			
	ddress of the Incorporator is:			
Name:	RAYMON HERNANDEZ		7A. 20	
Maine.				
Address:	7380 SW 36TH ST	 .	AR I	
	MIAMI, FL 33155		HAR 24 LAHASSI	
			EEC T	
ARTICLE VIII	EFFEÇTIVE DATE:		-n -	
Effective date, it	f other than the date of filing:	(OPTIONAL)		
(If an effective filing.)	date is listed, the date must be specific an	d cannot be more than five days pri	or or 20 days after the	
Note: If the dat	e inserted in this block does not meet the ap effective date on the Department of State's t	plicable statutory filing requirements, ecords.	this date will not be listed as	
Having been na certificate, I am	med as registered agent to accept service of p famillar with and accept the appointment as	rocess for the above stated corporation registered agent and agree to act in th	i at the place designated in this is capacity	
e all	<i>r 1</i> 9		03/24/2022	
×	Required Signature/Registered Ag	ent	Date	
I submit this do	cument and affirm that the facts stated her Department of State constitutes a third degr	rein are true. I am aware that the fai	se information submitted in a	
· - PM			03/24/2022	
Required Signa	ture/Incorporator	Dat		