PAGE 01/03

2022 APR -7

AM 12:

ž

רדן



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000127391 3)))



H220001273913ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 12000000019

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 **KANGURO SERVICE INC**

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



Electronic Filing Menu Corporate Filing Menu

Help

FILEU

\_\_\_\_

## **ARTICLES OF INCORPORATION**

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

e . .

<u>A</u> )	RTICLE II	PRINCIPAL OFFI	<u>ÇE:</u>	
The pr	incipal street a	ddress and mailing a	ddress is:	
919	15 NW	IDI ST		
Med	Hay, FL	33178	· · · · · · · · · · · · · · · · · · ·	
	· /			
			. 101	.)
<u>RTICLE III SHAI</u>	CES: The num	ber of shares of stocl	(is:	·
ARTICLE IV	INITIAL I	DIRECTORS AND	OR OFFICERS:	
ADRIANA	MARIA	+ MONTO	YA PACA	CIA
	PRES	IDENT		ECR
				ASS
				یر نر 10 نژ بلغیب
	····			FORI
· <u>····································</u>	<u> </u>			
	<u>.</u>			
ARTICLE V INF	TAL REGIST	ERED AGENT AN	D STREET ADD	<u>RESS:</u>
he name and Florida st	reet address (F	O Box not acceptabl	e) of the registered	agent is:
ADRIANA	MARIA	MONTOYF	PALACIO	<u>)</u>
9105 (111)	101 57	- Medley	F/ 33179	ත

**INCORPORATOR:** The name and address of the Incorporator is: ARTICLE VI

ADRIANA	NARIA	MONTOGA POLACIO	
9195 NW	101 ST	Meelley, Fl 33178	

.

APR - 7 AM 12: 5

**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

07-044 2022 Date Registered Agent

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.

Tomas	
Incorporator	Date
	7. 2