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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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T. SCOTT

MAY 1 9 2022

FLORIDA PROFIT/NON PROFIT CORPORATION MIRLO ENTERPRISES CORP

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

| | | MIRLO ENTERPRISES CORP | |
|----------------|-----------|---|------------------------|
| | ARTI | CLE II PRINCIPAL OFFICE: | |
| Th | e princip | oal street address and mailing addres | ss is: |
| | | 3045 SW 5th Street | |
| | - | Miami, FL 33135 | |
| | - | | |
| ARTICLE III SI | HARES | The number of shares of stock is: _ | 500 |
| ARTICLE I | V1 | NITIAL DIRECTORS AND/OR | OFFICERS: |
| | Р | Mirjam Lopez | 5 0 5 |
| ^ <u>^</u> | · | 3045 SW 5th Street | * · · |
| | | Miami, FL 33135 | 2 |
| | | | |
| | | | |
| | | | |
| | | REGISTERED AGENT AND ST address (PO Box not acceptable) of the Miriam Lopez | |
| | | 3045 SW 5th Street | |
| | | Miami, FL 33135 | |
| | | | |
| ARTICLE VI I | NCORP | ORATOR: The name and address o | of the Incorporator is |
| | | Miriam Lopez | |
| | | 3045 SW 5th Street | |
| | | Miami, FL 33135 | |

Required Signatures:

| Having been named as registered agent to accept service of process for the above s corporation at the place designated in this certificate, I am familiar with and accept appointment as registered agent and agree to act in this capacity | | | | |
|---|---------|--|--|--|
| Registered Agent | 5/18/22 | | | |

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.

> 5/18/22 Incorporator