## Electronic Filing Cover Sheet

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To:

Division of Corporations

3052201440

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

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## FLORIDA PROFIT/NON PROFIT CORPORATION R-SEES, CORP

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Electronic Filing Menu

Corporate Filing Menu

Help



## ARTICLES OF INCORPORATION

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

VELLINGTON, FL 33414 RTICLE III PURPOSE	UNIT: B	·	≊ss, if differe	nt is:			
UNIT: B  WELLINGTON, FL 33414  RTICLE III PURPOSE	UNIT: B	·	<u> </u>				
NELLINGTON, FL 33414  RTICLE III PURPOSE	<del></del>	<u> </u>		1540 SHAKER CIR			
ARTICLE III PURPOSE	WELLIN	IGTON, FL 33	01411. 5				
		WELLINGTON, FL 33414					
7							
he purpose for which the corporation is organized is:		<u></u>					
ANY AND ALL LAWFUL BUSINESS							
		_		·			
		<u> </u>					
		<del></del>					
RTICLE IV SHARES				<b>~</b> 3			
he number of shares of stock is:							
				122			
	<del></del>		17.4.1	122 JU			
RTICLE V INITIAL OFFICERS AND/OR DIRECTORS	<del></del>		William .	)22 JUH 2			
RTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: P: MARIA D. MORALES ARMIJOS	Name and Title	VP: CESAR	R. ROMERO				
Name and Title: P: MARIA D. MORALES ARMIJOS	Name and Title						
Name and Title: P: MARIA D. MORALES ARMIJOS  Address 1540 SHAKER CIR	Name and Title	1540 SHAKE		SOLANO			
Name and Title: P: MARIA D. MORALES ARMIJOS  Address 1540 SHAKER CIR  UNIT: B	•			SOLANO			
Name and Title: P: MARIA D. MORALES ARMIJOS  Address 1540 SHAKER CIR	•	1540 SHAKE	ER CIR	SOLANG			
Name and Title: P: MARIA D. MORALES ARMIJOS  1540 SHAKER CIR  UNIT: B  WELLINGTON, FL 33414	•	1540 SHAKE	ER CIR	SOLANG			
Name and Title: P: MARIA D. MORALES ARMIJOS  1540 SHAKER CIR  UNIT: B  WELLINGTON, FL 33414	•	1540 SHAKE UNIT: B WELLINGTO	ER CIR	SOLANC			
Name and Title: P: MARIA D. MORALES ARMIJOS  1540 SHAKER CIR  UNIT: B  WELLINGTON, FL 33414	Address: Name and Title.	1540 SHAKE UNIT: B WELLINGTO	ER CIR	SOLANG			
Name and Title:  P: MARIA D. MORALES ARMIJOS  1540 SHAKER CIR  UNIT: B  WELLINGTON, FL 33414  Name and Title:  D: ANALA. VASQUEZ - AFFIGNE  Address  1540 SHAKER CIR  UNIT: B	Address: Name and Title Address:	1540 SHAKE UNIT: B WELLINGTO	ER CIR	SOLANG			
Name and Title:  P: MARIA D. MORALES ARMIJOS  Address  1540 SHAKER CIR  UNIT: B  WELLINGTON, FL 33414  Name and Title: D: ANALA. VASQUEZ - AFFIGNE  Address  1540 SHAKER CIR  UNIT: B	Address: Name and Title Address:	1540 SHAKE UNIT: B WELLINGTO	ER CIR	SOLANG			
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Name and Title:  P: MARIA D. MORALES ARMIJOS  Address  1540 SHAKER CIR  UNIT: B  WELLINGTON, FL 33414  Name and Title: D: ANALA. VASQUEZ - AFFIGNE  Address  1540 SHAKER CIR  UNIT: B	Address: Name and Title Address:	1540 SHAKE UNIT: B WELLINGTO	ER CIR :-	SOLANG			

Name a	nd Title:	Name and Title:	· 		<del></del>
Addres	s	Address:	<del></del>	<del></del>	
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		_			
		,			
ARTICLE VI	<u>REGISTERED AGENT</u>				
The name and F	larida street address (P.O. Box NOT acceptable)	of the registered agent is:			
Name:	CESAR R. ROMERO SOLANO				
Address:	1540 SHAKER CIR. UNIT: B	<del>-</del>			
	WELLINGTON, FL 33414				
ADTICLE VII	INCORPORATION				
ARTICLE VII	INCORPORATOR				
The name and a	ddress of the Incorporator is:				
Name:	CESAR R. ROMERO SOLANO	<del></del>			
Address:	1540 SHAKER CIR, UNIT: B	<u> </u>		2	
	WELLINGTON, FL 33414		<i>&gt;</i>	2022 JUN 27	
			AL /et		
ARTICLE VIII	EFFECTIVE DATE:		4	27	
Effective date, if	other than the date of filing: 06/24/2022	(OPTIONAL)	( P		
(II an effective d	ate is listed, the date must be specific and cans	not be more than five days prio	r or 90 day	s afterthe	
filing.)			Ţ, _		٠.
the document's e	inserted in this block does not meet the applicable frective date on the Department of State's records and as registered agent to accept service of process are familiar with and accept the appointment as r	s. ss for the above stated corporati	on at the pl	ace design	
			06/24/202		
× Cesur L Long Required Signature/Registered Agent		· · · · · · · · · · · · · · · · · · ·	Date		
I submit this doc	ument and affirm that the facts stated herein ar Department of State constitutes a third degree feld	e true. I am aware that the faise ony as provided for in s.817.155, .	e informatio P.S.	on submitt	ed in a
X Cocn	L Romer S red Signature/Incorporator		06/24/202	2	
Requi	red Signature/Incorp@rator	<del></del>		Date	