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.

(((H22000331877 3)))



H220003318773ABC0

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 : 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.\*\*

Cil	Address:		

## FLORIDA PROFIT/NON PROFIT CORPORATION LETICIA ROCHE PA

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

Electronic Filing Menu

Corporate Filing Menu

<u>...</u>

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

ARTICLE I NAME The name of the corporation shall be:	Roche	PA		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:				
Principal street address		Mailing address, if dif	erent is:	
Miani F/ 33185		·		
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Real Estate				
			· · · · · · · · · · · · · · · · · · ·	
ARTICLE IV SHARES The number of shares of stock is:				
Name and Title: Letico Rodo ()	CTORS  Name and T	itle:		
Address: 3166 5W 152 PL  Miami F1 33185	Address:			
Name and Title:	Name and T	itle:	2022	
Address:	Address:		S P	,-
Name and Title:	Name and I	Title:		į,
Address:	Address:		9 2: 15 13	

<u>ARTICLE VI</u>	REGISTERED	AGENT
The name and	Florida street addre	ess (P.O. F

3052201440

	EVI REGISTERED AGENT and Florida street address (P.O. Box NOT	'acceptable) of the registered agent is:
Name:	Leticia Roche	
Address:	3166 SW 157 PL	
	miami F1 33185	
ARTICL The name	E VII INCORPORATOR and address of the Incorporator is:	
Name:	Leticia Roche	
Address:	3166 SW 152 PI	
	Miami F1 33185	
		**************************************
	1 Agoch	9/23/22
	Required Signature/Registered Agent	Daté
I submit documen	this document and affirm that the facts state at to the Department of State constitutes a thi	ed herein are true. I am aware that any false information submitted in a Ird degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

9/33/22 Date