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To:		· · · · · · · · · · · · · · · · · · ·
Division of C	orporations	
Fax Number	: (850)617-6381	
From:		
Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	
Account Numbe	r : 120000000019	
Phone		•
Fax Number	: (305)552-5973 : (305)675-5944	3
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## FLORIDA PROFIT/NON PROFIT CORPORATION LOS HERNANDEZ FAMILY CORP

Certificate of Status	0
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Corporate Filing Menu

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

- ARTICLE	I NAME: The na	ame of the corporat	ion is:	
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- ARTICLE IV	INITIAL DIRECT	ODC AND ION O		
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## 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

Registered Agent Date

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.

Incorporator Date

2022 OCT -4 AM IO: 01