## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20080000019

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

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Email Address:\_

## FLORIDA PROFIT/NON PROFIT CORPORATION **EDOR INC**

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

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Corporate Filing Menu

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## ARTICLES OF INCORPORATION

in compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is: EDOR INC ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: SHARES: The number of shares of stock is: \_ ARTICLE III INITIAL DIRECTORS AND/OR OFFICERS: 3 IN 02.20 M ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: examonia VICTURES SW. 15+ct. INCORPORATOR: The name and address of the Incorporator is: ARTICLE VI examplia Victores

2022-10-14 12:25 CDT -

## 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

Alexandra Victoris 16/17/2022

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.

Hexanous Viennes 10/14/2022.

Incurporator Date