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Electronic Filing Cover Sheet

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| To: | | | | ** *********************************** |
| | Division of C | Orporations | | |
| | Fax Number | | | |
| From: | | | | |
| | Account Name | : LAZARUS CORPORATE FI | ING SERVICE. THE | |
| | Account Numbe | r : I2000000019 | 2110 | |
| | Phone | : (305)552-5973 | | |
| | Fax Number | : (305)675-5944 | | |
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| | Enter the email | address for this busines | s entity to be used fo | r future |
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| | annual repor | t mailings. Enter only or | s entity to be used fo e email address please | r future •.** |
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Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$78.75



ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

CL Services 24 Corp ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 1929 nw flagle terr miami florida 33125 apt #3 ARTICLE III SHARES: The number of shares of stock is: 100 ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: Gustavo Eduardo Cardoza Cordova (P) ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: 1929 nw Flagler terr miami florida 33125 apt #3 Gustavo Eduardo Cardoza Cordova ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: 1929 nw flagler terr miami florida 33125 apt #3 Gustavo Eduardo Cardoza Cordova

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

10/21/2(122 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.

10/21/21)22

Date

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