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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_



FLORIDA PROFIT/NON PROFIT CORPORATION FLOR M SERVICES, INC

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

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Corporate Filing Menu

Help



ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

AR	TICLE 1 NAME: The name of the corporation is:	
FLOR	M SERVICES, INC	
	ARTICLE II PRINCIPAL OFFICE:	
Т	The principal street address and mailing address is:	
	s.W. 10 St # 303	
MIO	mi FL. 33130	-
		•
RTICLE III	SHARES: The number of shares of stock is:	
ARTICLE	EIV INITIAL DIRECTORS AND/OR OFFICE/RS:	
FLOR	DALILA MORALES (1	2)
		
	· · · · · · · · · · · · · · · · · · ·	
ARTICLE V	INITIAL REGISTERED AGENT AND STREET ADDRE	SS:
he name and Flor	rida street address (PO Box not acceptable) of the registered ag	ent is:
FUR	DAlila Morales	
	S.W. 10 St. APt. 303	
_ Mia	MI FL: 33130	
ARTICLE VI	INCORPORATOR: The name and address of the Incorpora	itor is:
<u> TLUK</u>	DAlila Morales	~=
111	$3.00 \cdot 10 \cdot 51. Hill 30$	ノラ

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