12/13/2022 18:05 3052201440 PAGE 01/03 LAZARUS CORPORATE

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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## FLORIDA PROFIT/NON PROFIT CORPORATION VAZQUEZ REPAIRS CORP

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## ARTICLES OF INCORPORATION

| In compliance with Chapter 607 (Profit)   |
|---|
| Effective Date 1/1/23   |
| ARTICLE I NAME: The name of the corporation is:   |
| VAZQUEZ REPOIRS CORP  |
| ARTICLE II PRINCIPAL OFFICE:  |
| The principal street address and mailing address is:  |
|   |
| 1740 (1) 24th str cpat C 15   |
| 1240 W 24th Str epat C 15   |
|   |
| ARTICLE III SHARES: The number of shares of stock is:   |
|   |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:   |
| VV- Medro LIVAN VUZZUEZ KAMIREZ   |
| 1240 W 24th Str apart C15   |
| Highen H FL 33010   |
|   |
| D- Pedro Arturo Vazquez Veca  |
| 1) - Pedro Hituro Vazque 7 Vega   |
|   |
| A SOURCE SEE A SOURCE SEE A SOURCE AND COMPLETE A DEPOSIT   |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:  |
| The name and Florida street address (PO Box not acceptable) of the registered agent is:  PEGRO ARTURO VAZQUEZ VESIA |
| 1200 Artoro Varquez Vega  |
| 1240 W 24th St apart C15  |
| Hialeah Fl 33010  |
|   |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:   |
| pearo Arturo vazquez vega   |
| 1240 W 24th St apart CIS  |
| Higleah Fl 33010  |

## Required Signatures:

|  | (0/)/  |                                    |
|--|--|------------------------------------|
|  | Hegistered Agent   | Date                               |
| omit this document a                           | nd affirm that the facts sta                               | ted herein are true. I am aware th |
| alse information sub<br>l degree felony as pro | omitted in a document to the ovided for in s.817.155, F.S. | ne Department of State constitutes |
|  | (G)!   | 12/12/2022<br>Vate                 |
|  | Ingorporator   | ) ))die                            |
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