

1/18/23, 1:03 PM

Division of Corporations  
Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

**\*\*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  
LIBAN SERVICES INC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 JAN 18 AM 9:50

FILED

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**The name of the corporation shall be: LIBAN SERVICES INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6699 NW 2ND AVE STE 211BOCA RATON, FL 33487**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LIANA BANDUANYAN, PRESIDENT

Name and Title: \_\_\_\_\_

Address 6699 NW 2ND AVE STE 211

Address: \_\_\_\_\_

BOCA RATON, FL 33487

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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 TALLAHASSEE, FLORIDA

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LIANA BANDUANYAN

Address: 6699 NW 2ND AVE STE 211

BOCA RATON, FL 33487

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: LIANA BANDUANYAN

Address: 6699 NW 2ND AVE STE 211

BOCA RATON, FL 33487

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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*/S/ LIANA BANDUANYAN

Required Signature/Registered Agent

01/18/2023

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.*/S/ LIANA BANDUANYAN

Required Signature/Incorporator

01/18/2023

Date