

P2300000310463194

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H230000310463)))



H230000310463ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
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
LAZ PREMIUM DETAIL WASH INC

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

2023 1 4 PM 4:55

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

LAZ PREMIUM DETAIL WASH INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

558 lake August dr Lake Placid florida 33852

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Lazaro Javier hernandez (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Lazaro Javier hernandez

558 lake August dr Lake Placid florida 33852

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Lazaro Javier hernandez

558 lake August dr Lake Placid florida 33852

Required Signatures:

Having been named as registered agent to accept service of process for the above corporation at the place designated in this certificate, I am familiar with and accept appointment as registered agent and agree to act in this capacity

Registered Agent

01/24/2023

Date

I submit this document and affirm that the facts stated herein are true. I am aware of the false information submitted in a document to the Department of State constituting a third degree felony as provided for in s.817.155, F.S.

Incorporator

01/24/2023

Date