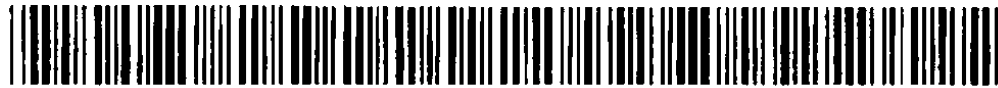


P23000008008

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.

((H23000040381 3))



H230000403813ABCV

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
EDUARDO AZOFRA PA

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

2023 11:35

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:

EDUARDO AZOFRA PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1950 SW 32<sup>nd</sup> CT

MIAMI, FL 33145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE BUSINESS

SALE, RENT AND BUY PROPERTIES.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

1950 SW 32<sup>nd</sup> CT

Name and Title:

Address

MIAMI, FL 33145

Address:

EDUARDO AZOFRA

PRESIDENT

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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:

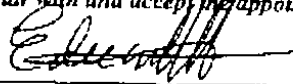
Name: EDUARDO AZOFRA  
 Address: 1950 SW 32<sup>nd</sup> CT  
MIAMI, FL 33145

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EDUARDO AZOFRA  
 Address: 1950 SW 32<sup>nd</sup> CT  
MIAMI, FL 33145

*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*

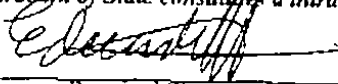


Required Signature/Registered Agent

January 30<sup>th</sup>

Date

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



Required Signature/Incorporator

January 30<sup>th</sup>

Date