

P23000012515

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.

((H23000061805 3))



H230000618053ABCZ

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  
L&O IMPACT GLASS INSTALLATION CORP

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

2023 FEB 15 PM 3:28

23 FEB 15 PM 3:35

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

L & O IMPACT GLASS INSTALLATION

**ARTICLE II PRINCIPAL OFFICE:**

corp

The principal street address and mailing address is:

3224 SW 154 CT

MIAMI FL 33185

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

100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

- Luis Manuel Quintana Miranda P.
- Osniel Rodriguez Navarro V

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

LUIS MANUEL Quintana MIRANDA

3224 SW 154 CT

MIAMI FL 33185

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

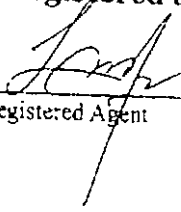
LUIS MANUEL Quintana Miranda

3224 SW 154 CT

MIAMI FL 33185


**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

02/16/23  
 \_\_\_\_\_  
 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

02/16/23  
 \_\_\_\_\_  
 Date

23 FEB 15 11:03:05