

an of State Division of Corporations

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7o:

Division of Corporations

Fax Number : (850)617-6381

From:

ACCOUNT Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (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:				
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## FLORIDA PROFIT/NON PROFIT CORPORATION CRUZ CRUZ 84 INC.

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

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

LAUZ CRUZ 84 INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
13250 SW 88 TERRACE APT 302 MIAMI F. L - 33186
MIAMI F. L - 33/86
ARTICLE III SHARES: The number of shares of stock is:
A DETICAL ENTER AND ADDRESS AN
YOAWAY CANZ Izquierdo (P)
- your sign state strain to
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the regis ered agent is:
YDANDY URUZ LZQUIERDO
13250 SW 88 TERRACE
#302 MIAMI +L 33186°
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
YOANDY CRUZ IZQUIERDO
13250 USW 88 Terroce
#20) MIAMI TL 30186

## 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 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.

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