## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:	0, 1, 5, 5, 5	
	Division of Cor	
	Fax Number	: (850)617-6381
From:		
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.
	Account Number	: 12000000019
	Phone	: (305)552-5973
	Fax Number	1 (385)675-5944
	er th <b>e e</b> mail addr	ress for this business entity to be used for future.
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 Certificate of Status
 0

 Certified Copy
 1

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 03

 Estimated Charge
 \$78.75

2ND REQUEST

## ARTICLES OF INCORPORATION

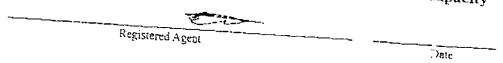
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

AT lembeling constructi	ON CORP
ARTICLE II PRINCIPAL OFFICE:	4
The principal street address and mailing address is:	
9057 SW 214 St	
Coffer Bay Florida  33189	
33189	
ARTICLE III SHARES: The number of shares of stock is:	)
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER	<u>ks:</u> , 233
angel Elier Perez Buez	HAR 15
	1A 5
	SE E
	SEE FL
ARTICLE V INITIAL REGISTERED AGENT AND STREET AT	
The name and Florida street address (PO Box not acceptable) of the registe	reo agent is:
Angel Elier perez Baez 9057 SW 214 St	
Cutter Bay Florida 33189	
Correct Porq 1 to 1 to 1	
ARTICLE VI INCORPORATOR: The name and address of the Inco	rporator is:
Angel Elier Perez BOYEZ	
9057 SW 214 St	
Cutter Ray Florida 33189	

## 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



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.

