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

From:
Account Name : ARIMR SERVICES GROUP LLC
Account Number : 120200000022
Phone : (305)298-6579
Fax Number : (305)643-5225

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: arimrservices@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
LAZMAN III ENTERPRISES INC

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

2023 03/20/2023 13

2023 MAR 20 AM 8:21
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: LAZMAN III ENTERPRISES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7040 NW 174TH TERR APT 103
HIALEAH, FL 33015**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MANUEL OLIVERA PRESIDENTName and Title: LAZARO OLIVERA VPAddress 7040 NW 174TH TER APT 103
HIALEAH, FL 33015Address: 7040 NW 174TH TERR APT 103
HIALEAH, FL 33015

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 AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: MANUEL OLIVERA
Address: 7040 NW 174TH TERR APT 103
HIALEAH, FL 33015

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: MANUEL OLIVERA
Address: 7040 NW 174TH TERR APT 103
HIALEAH, FL 33015

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Manuel Olivera
Required Signature/Registered Agent

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.

Manuel Olivera
Required Signature/Incorporator

Date

3/20/2023
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