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

From: Account Name : ALAMARY MULTISERVICES CORP
Account Number : I20230000045
Phone : (786)975-8494
Fax Number : (786)364-7202

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

Email Address: _____

RECEIVED
2023 APR 24 AM 8:48
CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
LBARDET INC

Certificate of Status	0
Certified Copy	0
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SECRETARIAT OF STATE
TALLAHASSEE FLORIDA

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ATA:

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: LBARDET INC

ARTICLE II PRINCIPAL OFFICE

Principal address: 5725 SW 40 ST Mailing address, if different is: 5725 SW 40 ST

HOLLYWOOD, FL 33023 HOLLYWOOD, FL 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIS DE BARDET SANCHEZ, PRESIDENT Name and Title:

Address: 5725 SW 40 ST Address:

HOLLYWOOD, FL 33023

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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ATX1

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: LUIS DE BARDET SANCHEZ
 Address: 5725 SW 40 ST
HOLLYWOOD, FL 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIS DE BARDET SANCHEZ
 Address: 5725 SW 40 ST
HOLLYWOOD, FL 33023

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/22/2023 (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

 Required Signature/Registered Agent 4/22/2023
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.

 Required Signature/Incorporator 4/22/2023
Date

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