

P 2300000 32542

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.

((H23000150435 3))



H230001504353ABCX

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 : 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
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
23 APR 24 PM 12:35  
SECRETARIAT OF STATE  
TALLAHASSEE FLORIDA

H230001504353

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 ~~street~~ address Mailing address, if different is  
5725 SW 40 ST 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:

FILED  
23 APR 24 PM 10 35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H230001504353

H230001504353

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

FILED  
 23 APR 24 PM 12:35  
 H230001504353