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.

(((H23000155924 3)))



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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

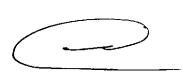
Phone Fax Number : (305)552-5973 : (305)675-5944

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

Emp11	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION NATALIA TRUJILLO PA

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



Electronic Filing Menu

Corporate Filing Menu

## 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: PRINCIPAL OFFICE Principal street address Mailing address, if different is: NW 107 av. 317 ARTICLE III PURPOSE The purpose for which the corporation is organized is: <u>ARTICLE IV SHARES</u> The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS Truji Name and Title Address Address: Name and Title:\_\_ Name and Title:\_ Address \_\_\_\_\_ Name and Title: Name and Title:\_\_ Address \_ Address:

(conti.)

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: villo Car Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: 17100 Address: 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 the accept the appointment as registered agent and agree to act in this capacity 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. Required Signature/Incorporator