## 2000 C 25 PM

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.

(((H23000167678 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 : (305)552-5973 Fax Number : (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.\*\*

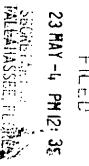
Email	Address:		

## FLORIDA PROFIT/NON PROFIT CORPORATION 305 JETSKI ADVENTURE INC

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 (Profit)

<b>ARTICLE 1</b> NAME: The name of the corporation is:	
305 Tetski Adventu	Re IN
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
18651 SW 127 at	
MIAMI F1 33177	
	<del></del>
RTICLE III SHARES: The number of shares of stock is:	.> O
A WITH CIVITY AND ADDRESS OF THE PARTY OF TH	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE	
V- Vsmani Bonzalez	
P-ARley NONSO GARRILO	·
	,
	<del></del>
ARTICLE V INITIAL REGISTERED AGENT AND STREET	· · · · · · · · · · · · · · · · · · ·
he name and Florida street address (PO Box not acceptable) of the regist	ered agent is
Osmani Gonzalez	ASSIGNATION AND A PART OF THE
18651 SW 127 CT	PR
MIAMI FL 33177	, No.
	3 4
ARTICLE VI INCORPORATOR: The name and address of the Inc	orporator is:
Osmani Gonzalez	
18651 SW 127 CT	
MIGMI FI 22177	

. . . .

## 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

Registered Agent 5-4-23

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. \$17.155, F.S.

Incorporator

5-4 - 23

23 RAY -4 PH 12: 35