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.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

Phone

Fax Number : (305)675-5944

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

Email	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION MAIKOL SERVICIOS CORP

Certificate of Status	0
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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

,	
ARTICLE I NAME: The name of the corporation is:	
Hairol Servicios corp	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
- Hiami & orida 33173	
ARTICLE III SHARES: The number of shares of stock is:	
MIGUEL Alberto Rueda (Pincion (P)	
SHCRE TO ALLEAN	
Y 30	
SC A ST	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	١.
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
HiGuel Alberto Rueda Rincon	
0809 SW 104 STreet Hami	
Florida 33173	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
MIGUEL ALBERTO RUEDA RINCON	
6809 SW 104 ST	
MIAMI FL 33113	

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 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.81x.155, F.S.

Date

2023 MAY 30 AM 9: 11 SECRETARY OF STATE TALL AHASSEF, FI

