Division of Corporations Electronic Filing Cover Sheet

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To:			>0	023
	Division of Co	rporations	i	
	Fax Number		ETAR) LAHA	۲
From:			RΥ AS	
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	(J)	70
	Account Number	: I20000000019		<u> </u>
	Phone	: (305)552-5973	in so	_
	Fax Number	: (305)675-5944	73	<u>မ</u>
••===		ress for this business entity to be used for	(1)	+

FLORIDA PROFIT/NON PROFIT CORPORATION POPULAR TITLE & ESCROW INC

CELVED JULII PR 3:34

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

Email Address:

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	rincipal sirem address	•	dress, if different is:
	<u>g</u>		
CLE III PURPO	SE e corporation is organized is: ANY AN	ID ALL LAWFUL BUSINE	
			2023 SEC TA
			JUL 11
		•	SEE SEE
			1: 34 FL ::
	ES stock is: 100		
Name and Title	AL OFFICERS AND/OR DIRECTORS E. DELIA CEBALLOS (P/S)	Name and Title:	
ICLE V - INITIA	AL OFFICERS AND/OR DIRECTORS DELIA CEBALLOS (P/S) 5931 NW 173 DR SUITE 9 HIALEAH, FL 33015	Name and Title: Address:	
Name and Titl Address	AL OFFICERS AND/OR DIRECTORS DELIA CEBALLOS (P/S) 5931 NW 173 DR SUITE 9 HIALEAH, FL 33015	Name and Title: Address:	
Name and Titl Address	AL OFFICERS AND/OR DIRECTORS DELIA CEBALLOS (P/S) 5931 NW 173 DR SUITE 9 HIALEAH, FL 33015	Name and Title: Address: Name and Title:	
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Name and Title Address Name and Title Address	AL OFFICERS AND/OR DIRECTORS E: DELIA CEBALLOS (P/S) 5931 NW 173 DR SUITE 9 HIALEAH, FL 33015 E:	Name and Title: Address: Name and Title: Address: Name and Title:	
Name and Title Address Name and Title Address	AL OFFICERS AND/OR DIRECTORS DELIA CEBALLOS (P/S) 5931 NW 173 DR SUITE 9 HIALEAH, FL 33015	Name and Title: Address: Name and Title: Address: Name and Title:	

Name and Title:		Name and Title:		
Address		Address:		
The warre and El	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of	Called and the second		
Name:	LUIS F ROSALES	the registered agent is:		
Address:	5931 NW 173 DR SUITE 9	202 SE T		
	HIALEAH, FL 33015	3 JUI		
JRTICLE VII	<u>INCORPORATOR</u>	SECRETARY OF STATE TALLAHASSEE, FL		
The name and address of the Incorporator is:		0F 3		
Name:	LUIS F ROSALES			
Address:	5931 NW 173 DR SUITE 9	· · · · · · · · · · · · · · · · · · ·		
	HIALEAH, FL 33015	_		
Effective date, if (If an effective dilling.) Note: If the date		et be more than five days prior or 90 days after the estatutory filing requirements, this date will not be listed as		
Having been nan certificate, I am J	ned as registered agent to accept service of process j familiar with and accept the appointment as registe			
	7.	()7/11/2023 Date		
I submit this document to the	Required Signature/Registered Agent innient and affirm that the facts stated herein are Department of State constitutes a third degree felou	true. I am aware that the false information submitted in a		
_	a to the same	07/11/2023		
Required Signatu	ire/Incorporator	Date		