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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Phone : (305)552-5973
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ROOF REPAIR BY LAZARO CORP**

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

CORPORATION
DIVISION
TALLAHASSEE, FL

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Roof Repair By LAZARO Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

M. 175 Fontainebleau blvd ste 2-A5
Miami FL 33172P. 6625 Miami Lakes dr ste 230
Miami FL 33014**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**LAZARO J VIZCON OJEDA (P)

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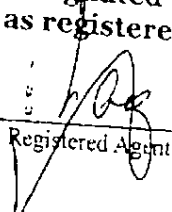
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

LAZARO J VIZCON OJEDA
175 Fontainebleau Blvd Ste 2-A5
MIAMI FL 33172**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:LAZARO J VIZCON OJEDA
175 Fontainebleau BLVD Ste 2-A5
MIAMI FL 33172

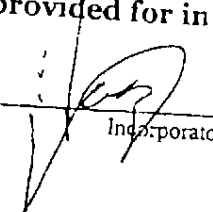
Required Signatures:

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.817.155, F.S.



Incorporator_____
Date**FILED**2023 JUL 27 PM 12:36
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TALLAHASSEE, FL