P 3 3 0 0 0 0 5 6 8 2 2 2

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800411486468

2023 AUG -2 陽 長長

2029 ... - Print

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

8/2/2023

NAME: AZM GENERAL SERVICES CORP.

TYPE OF FILING: ARTICLES

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: *A =	2 M General Se (PROPOSED CORPORA	rvices Corp.	
	(PROPOSED CORPORA	TE NAME – <u>MUST/INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	i a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
	Alejondra L Monto		
<u>5</u> .	50 NW 51 AV A	AP + 8 Address	
_£	niami FL 3312 City	State & Zip	
	Daytime 1	Telephone number	
	E-mail address: (to be use	d for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

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: AZ	M General Services Cord
ARTICLE II PRINCIPAL OFFICE Principal street address A 550 NW 51 AV APT 8 Principal FL 33126	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized	zed is: Any and Allegal Business
APTICLE V SHARES The number of shares of stock is: A 100 APTICLE V INITIAL OFFICERS AND/OR Name and Title: A 12 Jun dres L Address 550 New 51	DIRECTORS - Martune (18 Name and Title: 1 A V apt 8 Address: 33126
Name and Title:	Name and Title:
	Address;
Name and Title:	Name and Title:
Address	Address:

Name and Title:	Name and Title:
Address	Address:
- -	· -
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT ac	
Name: xAlexandre Lmatute	castro
Address: <u>550 NN 51 AV</u>	apt 8
minor: FL 33126	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: a Alegon don L mont	Lite custro
Address: <u>550 Nw 51 A</u>	u apt8
niami FL 331	<u>> 6 </u>
5.7	and cannot be more than five days prior or 90 days after the
the document's effective date on the Department of State	applicable statutory filing requirements, this date will not be listed as 's records.
Having been named as registered agent to accept service of certificate, I am familiar with and accept the appointment	of process for the above stated corporation at the place designated in this as registered agent and agree to act in this capacity
alle	408/1/23
Required Signature/Registered	Date
document to the Department of State constitutes a third de	herein are true. I am aware that the false information submitted in a egree felony as provided for in s.817.155. F.S.
· and	-08/1/23
Required Signature/Incorporator	Date 20377123
	2029 AU

29 AUG - 2 PM 1:49