# Florida Department of State

#### Division of Corporations **Electronic Filing Cover Sheet**

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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

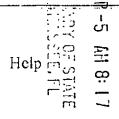
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Address:		
	Address:	Address:

#### FLORIDA PROFIT/NON PROFIT CORPORATION FORTE SERVICES SUPPLY 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)

ARTICLE I NAME: The name of the corporation is:

Forte Services supply inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
11450 SW 192 NO ST WIAMIFL 33157
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIDIVINO DO LOS
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Roabe Dominguez Benitez (P)
ADTION
The proper and Florida about a line (DO D
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Borbe Dominguez Benitez
11490 SW 192 ND ST WIAMI FL 33157 13 3
SEP
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RORBE DOMINISTED BENITED
TA -
<u>11730 3W 197* 31</u>
MiANI, FC. 33157

### 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

2023 SEP -5 AN 8: 17 SECRETARY OF STATE