

P23000079279

Florida Department of State
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.

((H23000388343 3)))



H23000388343ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
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.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION E&D CONTRERAS CORPORATION

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

2023 NOV -8 PM 4:41

FILED

2023 NOV -8 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:E&D CONTRERAS CORPORATION**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

17114 SW 139 PLMIAMI FL 33177**ARTICLE III SHARES:** The number of shares of stock is: 100 SHARES @ 1.00**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ESMILDA CONTRERAS (PRESIDENT)JOSE B CONTRERAS (VICE)-PRESIDENT**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

ESMILDA CONTRERAS17114 SW 139 PLMIAMI FL 33177**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ESMILDA CONTRERAS17114 SW 139 PLMIAMI FL 331772023 NOV - 8 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

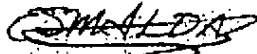


Registered Agent

11/07/2023

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

11/07/2023

Date

FILED
2023 NOV -8 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FL