

P23000085478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

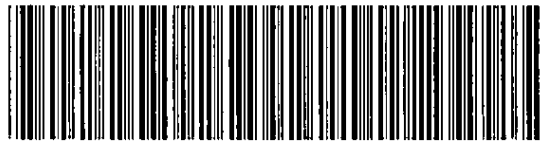
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: LISY CORP.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: ALEJANDRO PICHARDO

Name (printed or typed)

1706 E SEMORAN BLVD STE 103

Address

APOPKA, FL 32703

City, State & Zip

407-574-7340

Daytime Telephone Number

INFO@ACCOUNTINGORL.COM

E-mail address: (to be used for future annual report notification)

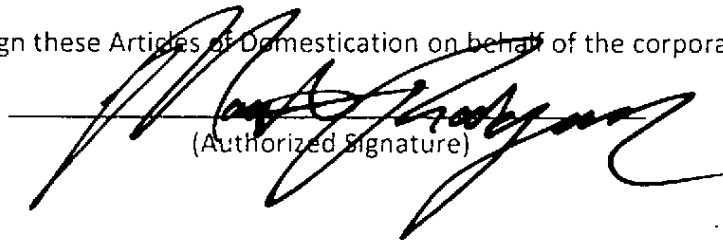
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TALLAHASSEE, FL  
STATE

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, MARTIN RODRIGUEZ, PRES  
(Name) (Title)  
of LISY CORP. FD6000006030, a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is LISY CORP.  
(Foreign Corporation)
2. The jurisdiction and date of its formation is DELAWARE, 08/25/2006
3. The name of the domesticated corporation is LISY CORP.
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was  
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication  
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

  
(Authorized Signature)

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STATE  
of ARIZONA, FL

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**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

LISY CORP.

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address  
615 SUPERIOR COMMERCE BLVD STE 106

APOPKA, FL 32703

Mailing Address  
615 SUPERIOR COMMERCE BLVD STE 106

APOPKA, FL 32703

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CLERK OF DISTRICT COURT  
STATE  
OF FLORIDA  
COUNTY OF ORANGE

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:  
MANUFACTURER OF MEXICAN PRODUCTS

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 1,000,000

**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

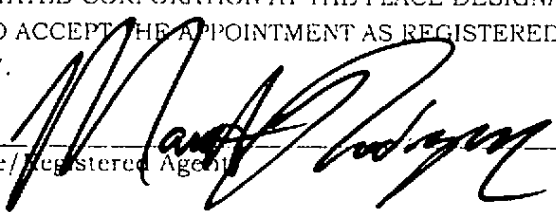
ACCOUNTING CENTER OF ORLANDO, LLC

1706 E SEMORAN BLVD STE 103

APOPKA, FL 32703

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Agent



Date

12/1/23

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

*THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:*

Name & Title: Martin Rodriguez, Pres.

Address: 615 Superior Commer Blvd

Suite 106

Apopka, FL 32703

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

I submit this document and affirm that the facts stated herein are true. I am aware that 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.

Signature/Authorized Person



Date

12/1/2023