

1:20:1 PM

Division of Corporations

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.**

(((H24000036226 3)))



H240000362263AECZ

**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 : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : 120000000146  
Phone : (305)444-4994  
Fax Number : (305)328-4774

**\*\*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  
LS DISPATCH SERVICE INC**

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

2024 JAN 26 PM12:48  
CLERK OF STATE  
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

2024 JAN 26 PM 12:48  
STATE OF FLORIDA  
TALLAHASSEE, FL

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: LISBET DEL VALLEAddress: 10430 SW 210 TERMIAMI, FL 33189**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: LISBET DEL VALLEAddress: 10430 SW 210 TERMIAMI, FL 33189**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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*Lisbet del valle terralbasLisbet del valle terralbas (2024 Jan 25, 2024 19:20:52)

Required Signature/Registered Agent

*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.*Lisbet del valle terralbasLisbet del valle terralbas (2024 Jan 25, 2024 19:20:52)

Required Signature/Incorporator

Date

2024 JAN 26 PM 12:48  
FILED  
STATE  
TALLAHASSEE, FL