

**P24000007598**

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.

((H24000040656 3)))



H240000406563ABC.

**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 : 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.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**TEBA CENTER INC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

2013 JAN 30 PM 3:46

FILED  
2013 JAN 30 AM 8:27  
TALLAHASSEE  
FLORIDA

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:Teba Center INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1801 SW 22 ST  
MIAMI, FL. 33145 UNIT 304**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Jorge Alberto Toledo (P)  
  
  
  
  
SEC  
STP  
ALL  
OFF

2024 JAN 30 AM 8:20

FBI

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Jorge Alberto Toledo  
1801 - SW 22 ST  
MIAMI, FL. 33145 - UNIT 304**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Jorge Alberto Toledo  
1801 - SW. 22 ST  
MIAMI, FL. 33145 - unit - 304

**Required Signatures:**

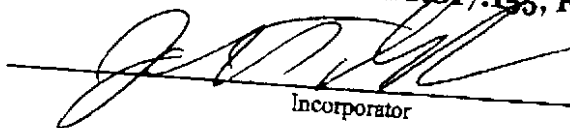
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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

FILED  
2024 JAN 30 AM 8:21  
TALLAHASSEE  
FLORIDA  
SECRETARY OF STATE