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.

(((H24000140215 3)))



HOADDOM ADOLESTABLE

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. | 32 |
| | Account Number : I20000000019 | 2024 |
| | Phone : (305)552-5973 | |
| | Fax Number : (305)675-5944 | . 7 |
| | | |
| ** | Enter the email address for this business entity to be used for futu | ıre ~-l |
| | annual report mailings. Enter only one email address please.** | == |
| | Email Address: | <u></u> |

FLORIDA PROFIT/NON PROFIT CORPORATION MONSIBAEZZ CORP

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

Electronic Filing Menu Corporate Filing Menu Help

MO

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

| | lonsibaleze corp |
|----------|--|
| | ARTICLE II PRINCIPAL OFFICE: |
| | The principal street address and mailing address is: |
| | 3636 Franklin aue |
| | Miani FL 33133 |
| | |
| ARTI | CLE III SHARES: The number of shares of stock is: |
| | ARTICLE IV INITIAL DIRECTORS AND/OR OFFICEIUS: |
| <u> </u> | Waymi De La Caridas Monsibalez (P) |
| | |
| | |
| | |
| | |
| | |
| | |
| | TICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: |
| | ame and Florida street address (PO Box not acceptable) of the registered agent is: |
| | Eulaymi De La Caridad Monsibariz |
| - | 2.2 |
| 3 | 636 Franklin ave Mianui FL 33133 |
| | # |
| | TOT TIET TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE |
| | ICLE VI INCORPORATOR: The name and address of the Incorporator is: |
| | ICLEVI INCORPORATOR: The name and address of the Incorporator is: 2/aymi De la Casiobal Monsibalez 3636 Fronklin Ove Miami F/ 331 |

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

[ate

2024 REW | 1 Har 1: 13