26/4/24, 18:59

Division of Corporations

Florida Department of State Division of forepositions Electronic Filling Government Florida Department of State ((4.14-0153581.3)))

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FERNANDO LEON Account Number : I2024000021 Phone : (786)875-6210 Fax Number : (323)297-6673

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LSUNIVERSALSCLUTION & GMAIL COV

FLORIDA PROFIT/NON PROFIT CORPORATION LS UNIVERSAL SOLUTION CORP.

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From: Fernando Leon

COVER LETTER

(((H240001535813)))

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

SUBJECT:	LS UNIVERSAL SOLUTION		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>ÜDE SUFFIN</u>)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
□ S70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee. Certified Copy & Certificate o Status PPY REQUIRED
FROM: _F	ernando LEON Nam	e (Printed or typed)	
67	01 Mallards Cove Rd. APT 45	• • • • • • • • • • • • • • • • • • • •	
		Address	
Ju	piter, Florida, 33458	. State & Zip	
	City.	, state & z.ip	
78	68756210		
	Daytime 1	elephone number	
Isu	niversalsolution@gmail.con		
	E-mail address: (to be use	d for future annual report n	otification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

(((H24000153581 3)))

CLE II PRINC	CIPAL OFFICE		
CLEH FRIN	Principal <u>street</u> address		Mailing address, if different is
Aallards Cove Rd	The par sever doored		ds Cove Rd
piter, Florida, 33458		Apto. 45E	
		Jupiter, Florida, 33458	
CLE III PURPO	OSE the corporation is promised in:	Documents f	Preparation Services
purpose for which the corporation is organized is:		Doddinente i , oparation con node	
	·	· ·	
	stock is: 100	<u></u> -	
	AL OFFICERS AND/OR DIRECTOR		
	AL OFFICERS AND/OR DIRECTOR		Jennifer SEMIDEY- VP
CLE V INITU	AL OFFICERS AND/OR DIRECTOR	S Name and Title	Jennifer SEMIDEY- VP
CLE V INITE Name and Title	aL OFFICERS AND/OR DIRECTOR c: Fernando LEON- President	S Name and Title	· <u> </u>
CLE V INITE Name and Title	AL OFFICERS AND/OR DIRECTOR c:Fernando LEON- President 6701 Mailards Cove Rd	S Name and Title	6701 Mallards Cove Rd
CLE V INITE Name and Title	AL OFFICERS AND/OR DIRECTOR E: Fernando LEON- President 6701 Maliards Cove Rd APT 45E	S Name and Title	6701 Mallards Cove Rd APT 45E
Name and Title Address	AL OFFICERS AND/OR DIRECTOR E: Fernando LEON- President 6701 Maliards Cove Rd APT 45E	\$ Name and Title Address:	6701 Mallards Cove Rd APT 45E Jupiter, Florida, 33458
Name and Title Address Name and Title	aL OFFICERS AND/OR DIRECTOR E: Fernando LEON- President 6701 Mallards Cove Rd APT 45E Jupiter, Florida, 33458	\$ Name and Title	6701 Mallards Cove Rd APT 45E Jupiter, Florida, 33458
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Name and Till	c:		Name and Title:	
Address			Address:	····
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	•			
ARTICLE VI REGI	<u>STERED AGENT</u> street address (P.O. Box NO	OT manami shini min		
East	mando Leon	or acceptance of the	ne registered agent is.	
Name: 'e	Hande Lean			
Address: 670	1 Mallards Cove Rd, APT 45E		_ 	
Jua	iler, Florida, 33458		_ .	
ARTICLE VII INCO	DRPORATOR			
The name and address	of the Incorporator is:			
Name: F	emando LEON			
Address:	6701 Macaida Cove Rd. Apid: 45E			
	Jupiter, Florida, 33458		·	
-		·		
ARTICLE VIII EFF	ECTIVE DATE:	•		
Effective date, if other	than the date of filing:	Abril 26, 2024	(OPTIONAL)	
(If an effective date is filing.)	listed, the date must be spi	erific and cannot	be more than five days prior or	90 days after the
Note: If the date inset	ed in this block does not me	et the applicable s	tatutory filing requirements, this	data will not by Botad or
	ve date on the Department of		iatutos y rinnig respunentents, titis i	date with not be fisted as
			the above stated corporation at the dagent and agree to act in this ca	
	/		•	
	Required Signature/Regis	tered Agent		04/26/2024 Date
I submit this document	, •	·	rue. I am aware that the false in	
			us provided for in \$817.155, F.S.	ornaum submuru m 0
-tern	WOO L COOK	1.	•	04/26/2024
Required Signature/Inc	orporator	· •	Date	- The state of the
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