

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.

(((H24000162483 3)))



H240001624833ABC/

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 MIAMI BEACH BIKE RENTALS INC

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

TANK TO HA L. YANI

2024 HAY -3 PH 4: 45

Electronic Filing Menu

Corporate Filing Menu

Help

T-5.H 5/3/24

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

Mami Beach Bite Rovitals. Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 233 14M ST Mami Breach
F1 33139
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICEIS: P. Migraf Zaldivar 50% VA. Schastian Zaldivar 50%
ARTICLE V INITIAL REGISTERED AGENT AND STREET AD PRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: [1] [2] [3] [4] [5] [6] [6] [7] [8] [8] [9] [9] [9] [9] [9] [9
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: Miguel Zaldivar SEBASTIAN ZALDIVAR 233 14 12 St Miami Beach, 7-1 33139
Miami Beach, 7-6 33139

EIN: 99-2837667

Required Signatures:

Having been named as registered agent to accept service of process: or 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 Mate 5-2-2024

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.

incomplator

5-2-2024