

PR40004m01

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.

((H24000243125 3))



H240002431253ABCX

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: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 JUL 17 PM 5:52

FLORIDA PROFIT/NON PROFIT CORPORATION
INNOVATION GROUP ADVANCED SERVICES INC

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

RECEIVED
2024 JUL 17 PM 5:12
CORPORATIONS
COMMERCIAL
REGISTRATION

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

INNOVATION GROUP ADVANCED SERVICES INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

8785 SW 165 AVE
MIAMI FL 33193 #2007

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Liobel NEGRIN ROVIRA (P)

26720 SW 142 AVE
HOMESTEAD FL 33032

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Liobel NEGRIN ROVIRA
26720 SW 142 AVE
HOMESTEAD FL 33032

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

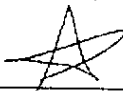
LIOBEL NEGRIN ROVIRA
26720 SW 142 AVE
HOMESTEAD FL 33032

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2014 JUL 17 PM 5:52

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

7-17-2024
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

7-17-2024
Date