

To:

2 of 4

2024-10-17 20:07:24 GMT

13053281774

From: Yanet Avila

P24000064836

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.

((H24000348053 3)))



H240003480533ABCS

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

****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
LG ADMINISTRATION & SERVICES CORP**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 OCT 17 AM 7:00

FILED

RECEIVED

2024 OCT 17 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FL

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: LG ADMINISTRATION & SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

13499 Biscayne Blvd Suite M4
North Miami Florida 33181**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: LORENZO YUMISAN GUTIERREZName and Title: PRESIDENTAddress 13499 BISCAYNE BLVD SUITE M4
NORTH MIAMI FLORIDA 33181Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

_____FILED
2024 OCT 17 AM 7:00
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: L & J Accounting Inc
Address: 13499 Biscayne Blvd Suite M4
North Miami Florida 33181

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Lorenzo Yumisan Gutierrez
Address: 13499 Biscayne Blvd Suite M4
North Miami Florida 33181

Effective Date:

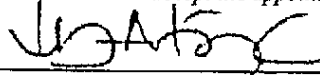
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature/Registered Agent

10/17/2024

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.



Required Signature/Incorporator

Date

FILED
2024 OCT 17 AM 7:00
CLERK OF STATE
TALLAHASSEE, FLORIDA