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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20800000019 : (305)552-5973 Phone

: (305)675-5944 Fax Number

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

Email	Address:	
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FLORIDA PROFIT/NON PROFIT CORPORATION FLASH WASH FULL INC

Certificate of Status	0
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Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

The principal street address	s and mailing address is:
340 WEST FLAGER	Apt 2009
MIRMI, FL 33130	
	Committee IND
ICLE III SHARES: The number of	shares of stock is: \(\frac{1}{0}\)
ARTICLE IV INITIAL DIRE	CCTORS AND/OR OFFICERS:
icolas IGNACIO RIVERI	+ SAAVEDRA (1)
	÷ ;
	- 5 - M
	;
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	,
	'
TICLE V INITIAL REGISTERE	D AGENT AND STREET ADDRESS:
	D AGENT AND STREET ADDRESS: x not acceptable) of the registered agent
name and Florida street address (PO Bo	x not acceptable) of the registered agent
name and Florida street address (PO Bo Vicolas IGNAcio River	x not acceptable) of the registered agent A SAAVEDIA
	x not acceptable) of the registered agent A SAAVEDIA
name and Florida street address (PO Bo Vicolas IGNAcio River	x not acceptable) of the registered agent A SAAVEDIA

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
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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.

nitedor	
Incorporator	I)atc

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