

**P24000068569**

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.

((H24000370094 3)))



H240003700943ABCS

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 : 120000000019  
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: \_\_\_\_\_

2024 NOV -6 PM 2:56

FLORIDA PROFIT/NON PROFIT CORPORATION  
PINERA SERVICE CORP.

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

RECEIVED

2024 NOV -6 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

142

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Pinera Service Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2882 NW 98th STMiami Florida33147**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Nailen Pinera Soler - P

2024 NOV - 6 PM 2:56

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Nailen Pinera Soler2882 NW 98th STMiami Florida 33147**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Nailen Pinera Soler2882 NW 98th STMiami Florida 33147

EIN: 33-1821304

**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

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\_\_\_\_\_  
Date

2013-11-05 6 PM 2:56