Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

P24000068914

Note: Please print this page and use as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000371860)))

FC 11-8-24

H240003718603ABC+

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
FACE UP, CORP.

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

RECEIVED
2024 NOV -7 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu Corporate Filing Menu Help

2024 NOV -7 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FL

MS P

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

EIN - 38-4064924

ARTICLE I NAME: The name of the corporation is:

FACE UP, CORP.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

10363 NW 41ST STREET
DORAL, FL 33178

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

BETSY C. ALVAREZ (PSTD)

2013 NOV -7 PM 3:14
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

EDGAR EDUARDO LOBO NIETO
10363 NW 41ST STREET
DORAL FL 33178

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

EDGAR EDUARDO LOBO NIETO
10363 NW 41ST STREET
DORAL FL 33178

submit th
false
deg

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

NOV 7th 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

NOV 7th 2024.
Date

FILED
2024 NOV -7 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA