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.

(((H24000416042 3)))



H240004160423ABCX

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 ONE O SERVICES CORP

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

П

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 280 QUAIL FOREST BLVD APT 319 NAPLES FL 34, 105 ARTICLE III SHARES: The number of shares of stock is:) NE O SERVICES CORP		
ARTICLE III SHARES: The number of shares of stock is: (C) O ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE; RS: OSUAL do OMAR NARANTO FINE STATES FINE STATES FINE STATES FINE STATES FINE STATES ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE; RS: OSUAL do OMAR NARANTO FINE STATES FINE STA	ARTICLE II PRINCIPAL OFFICE:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE RS: OSUAL do OMAR MARANTO ECC. 18 PH. 5:		1PL5 FL 34	105
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE RS: OSUAL do OMAR MARANTO ECC. 18 PH. 5:			
OSVALdo OMAR NARANJO (P) 2024 DEC 18 PH 4:	ARTICLE III SHARES: The number of shares of stock is:	100	_•
2024 DEC 18 PH 4:	· · · · · · · · · · · · · · · · · · ·	ICI;RS:	
18 PH 4:			2024 1
PH :			
. §			È
			:
			7
		gistered agent is:	•
The name and Florida street address (PO Box not acceptable) of the registered agent is:) is	
OSVAL do OMAR NARAUJO			
OSUAL do QUAR NARAUTO 280 QUAIL FOREST BLUD			•
OSVAL do OMAR NARAUJO		Incorporator is:	
OSVAL do OMAR MARAUTO 280 QUAIL FOREST BLUD APT 317 NAMES FL 34 10 5 ARTICLEVI INCORPORATOR: The name and address of the Incorporator is:	· · · · · · · · · · · · · · · · · · ·		
OSVAL do OMAR MARAUTO 280 QUAIL FOREST BLUD APT 317 NAMES FL 34 105 ARTICLEVI INCORPORATOR: The name and address of the Incorporator is: DSVALdo OMAR WARAUTO	280 QUAIL FOREST BLUD		

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

SECRETARY OF STATE FALLAHASSEE, FLORIDA