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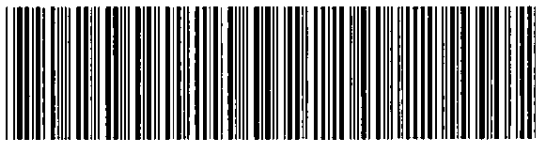

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78-75

CORPORATE ACCESS, INC.

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2024 DEC 30 PM 5:47

1. AXAR SUMINISTTROS CORP
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: AXAR SUMINISTROS CORP
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00 Filing Fee

☑ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: ALFREDO HERNANDEZ SANCHEZ
Name (Printed or typed)

410 SE 2ND ST APT 202
Address

HALLANDALE, FL 33009
City, State & Zip

786-659-7333
Daytime Telephone number

AHS7@ME.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: AXAR SUMINISTROS CORP

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

410 SE 2ND ST APT 202
HALLANDALE, FL 33009

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTIAN E. CUARTAS HERNANDEZ, PRESIDENT

Address: 410 SE 2ND ST APT 202
HALLANDALE, FL 33009

Name and Title: JORGE A. ROCA KAUFFMANN, VICE PRESIDENT

Address: 410 SE 2ND ST APT 202
HALLANDALE, FL 33009

Name and Title: ALFREDO HERNANDEZ SANCHEZ, T, S

Address: 410 SE 2ND ST APT 202
HALLANDALE, FL 33009

Name and Title:

Address:

Name and Title:

Address:

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: ALFREDO HERNANDEZ SANCHEZ

Address: 410 SE 2ND ST APT 202

HALLANDALE, FL 33009

ARTICLE VII INCORPORATOR

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

Name: ADA F BRAVO

Address: 18501 PINES BLVD STE 105

PEMBROKE PINES FL 33029

2024 DEC 30 PM 5:47

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2025 (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

Alfredo Hernandez Sanchez — 12/30/2024

Required Signature/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.

Ada F Bravo — 12/30/2024

Required Signature/Incorporator — Date

GE2500000004-8

CANCELLATION OF PARTNERSHIP REGISTRATION

Pursuant to section 620.8105(7), Florida Statutes, this partnership submits the following cancellation:

(Note: A cancellation of a partnership registration cannot be filed with the Florida Department of State unless the partnership registration was previously filed and is of record with this office.)

FIRST: The name of the partnership is: SRV Holdings (f/k/a Lennar Land Partners II)

SECOND: The partnership was registered with the Florida Department of State on 6/28/99 and assigned registration number 9900000595.

THIRD: The purpose of this document is to cancel this partnership's registration.

FOURTH: Effective date, if other than the date of filing: December 20, 2024.
(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing.)

The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any 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.

Signed this 23rd day of December, 2024.

Signatures of a partner or authorized person:

Typed or printed name of person signing above: Peter Krogh

Filing Fee:	$25.00
Certified copy:	$52.50 (optional)
Certificate of Status:	$ 8.75 (optional)

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Florida Department of State
Division of Corporations
Public Access System

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.

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CANCELLATION

SRV HOLDINGS

Affected Number	GP9900000595
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$25.00