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.

(((H25000035313 3)))



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 : T20000000019 Prione : (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 L CENTER SERVICES CORP

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

L CENTER SERVICES CORP		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is: 8205 Belvedere RD APT 204 West Palm Beach FL 33411		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: Arbel Mosqueda Ramirez (P)		
	2024 JAN 30	TALLAHA
	10 PH 4:	SSEE, FLO
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	3 6	ATE RID:
The name and Florida street address (PO Box not acceptable) of the registered agent is: A 15el Mosqueda Ramiyez 8205 Belveder RD APT 20 4		
West Palm Bech 56 33411		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: A 1 be 1 Mos queda Ramirez 82 0 5 8 1		
DEUS DENERRY RD APT 204		
-NPST Palm Brch 6/33/11		

EIN: 33 - 3111933

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

top-	
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.

- 1/1	
777	
Incomorater	Date

SECRETARY OF STATE FALLAHASSEE, FLORIDA