LAZARUS CORPORATE

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To:

Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION UGARTE'S WINDOW TINT & ELECTRONIC INC

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

UGARTE'S WINDOW TINT & ELECTRONIC INC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

1727 NW 16TH ST APT A • Miami, Florida 33125

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is.

100 Shares

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Article of Incorporation is 2 J.

JOHNY D. UGARTE
1727 NW 16TH ST APT A
Miami, Florida 33125

The undersigned incorporator has executed these Articles of Incorporation these 311H days of August 2022.

X Signature

ARTICLE VI - DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Article of Incorporation is (are):

JOHNY D. UGARTE 1727 NW 16TH ST APT A Miami, Florida 33125 ~ PRESIDENT

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provision of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

SECRETARY OF STATE