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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973 : (305)675-5944

Fax Number

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&B NOTARY SERVICES, INC

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:

ARTICLE II PRINCIPAL OFFICE;	
The principal street address and mailing address is:	
17570 Atlantic Blvd, Apt 206, Sunny Isles Beach, FL 33160	
	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFI	
aya <u>n Perejra Caballero (P)</u>	
570 Atlantic Blvd, Apt 206, Sunny Isles Beach, FL 33160	
	
ARTICLE V INITIAL REGISTERED AGENT AND STREET	TADDRESS:
The name and Florida street address (PO Box not acceptable) of the reg	
ayan Pereira Caballero	IAL
570 Atlantic Blvd, Apt 206, Sunny Isles Beach, FL 33160	2:
12 35 100	SS 5.7.1
	71
	7
ARTICLE VI INCORPORATOR; The name and address of the I	incorporator us
ARTICLE VI INCORPORATOR; The name and address of the I	incorporator in

Required Signatures:

1 . . .

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 familian with and accept the appointment as registered agent and agree to act in this capacity

....

Registe ed Agent 03/24/2023

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.

2028 MAR 24 AH 2: 1