

Florida Department of State  
Division of Corporations  
Electronic Filing Service

HH  
2.5.25

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I2000000019  
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  
MICUZ CORP

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

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Electronic Filing Menu

Electronic Filing Menu

Corporate Filing Menu

Help

25 FEB -4 PM 9:16

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

MICUZ Corp.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4471 NW 36 st suite 243  
Miami FL 33166

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

(P) Cruz Manzano, Miguel A. (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Cruz Manzano, Miguel A.  
4471 NW 36 st suite 243  
Miami FL 33166


**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Cruz Manzano, Miguel A.  
4471 NW 36 st suite 243  
Miami FL 33166


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**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                      2-4-2025  
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                              2-4-2025  
Date

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