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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: VERTICAL SERVICES MIAMI INC
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MARIA E RUIZ
Name (Printed or typed)
7750 SW 117TH AVE SUITE 201D
Address
MIAMI FLORIDA 33183
City, State & Zip
305 595 2407
Daytime Telephone number
MARIAQUIROS9@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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

October 10, 2013

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

Re: P12000054885 Vertical Services Miami Inc

To whom it may concern:

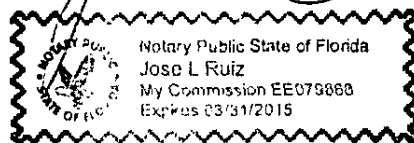
By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,



Sergio Restrepo



SECRETARY OF STATE
TALLAHASSEE FLORIDA
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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: VERTICAL SERVICES MIAMI INC

ARTICLE II PRINCIPAL OFFICE
Principal street address
9301 SW 92 AVE APT A419
MIAMI FLORIDA 33176

Mailing address, if different is:
7750 SW 117TH AVE SUITE 201D
MIAMI FLORIDA 33183

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES
The number of shares of stock is: 100@ \$1.00 EA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SERGIO RESTREPO, PRES
Address: 9301 SW 92 AVE APT A419
MIAMI FLORIDA 33176

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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TALLAHASSEE FLORIDA

(conti.)

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: SERGIO RESTREPO
 Address: 9301 SW 92 AVE APT A419
 MIAMI FLORIDA 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SERGIO RESTREPO
 Address: 9301 SW 92 AVE APT A419
 MIAMI FLORIDA 33176

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

 Sergio A. Restrepo 10/10/2013
 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.

 Sergio A. Restrepo 10/10/2013
 Required Signature/Incorporator Date

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 TALLAHASSEE FLORIDA