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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
E-CONNECTASMART, CORP

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

N. SAMS
NOV 17 2017

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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: E-CONNECTASMART, CORP

ARTICLE II PRINCIPAL OFFICE

Principal Street Address: 10580 NW 27TH ST BLDG F
DORAL, FL. 33172

Mailing Address if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERIKA DAZA-PRESIDENT

Address: 3930 ADRA AVENUE
DORAL, FL. 33178

ARTICLE VI REGISTERED AGENT

The name and Florida Street address (P.O. Box NOT acceptable of the registered agent is:

Name: ERIKA DAZA

Address: 3930 ADRA AVENUE
DORAL, FL. 33178

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ERIKA DAZA
Address: 3930 ADRA AVE
DORAL, FL. 33178

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STATE OF FLORIDA
DEPARTMENT OF STATE

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

x Erika Daza

11/16/17.

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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

x Erika Daza

11/16/17

Required Signature/Incorporator

Date

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Norton Hammersley

Norton, Hammersley, Lopez & Skokos, P.A.

1819 Main Street, Suite 610
Sarasota, FL 34236
Telephone: 941.954.4691
Fax: 941.954.2128

JOHN M. COMPTON
CHRISTOPHER J. FOWLER
PHILIP N. HAMMERSLEY
ERIK M. HANSON
ERIC R. HOONHOUT
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DARREN R. INVERSO
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J. DERRICK MAGINNESS
SAM D. NORTON
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