

**Electronic Articles of Incorporation
For**

P18000050990
FILED
June 01, 2018
Sec. Of State
lyarbrough

PRINT CORRECT, INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

PRINT CORRECT, INC

Article II

The principal place of business address:

244 SW 12TH AVE.
DEERFIELD BEACH, FL. US 33442

The mailing address of the corporation is:

244 SW 12TH AVE.
DEERFIELD BEACH, FL. US 33442

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

100

Article V

The name and Florida street address of the registered agent is:

MAURO SANTOS
244 SW 12TH AVE.
DEERFIELD BEACH, FL. 33442

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: MAURO SANTOS

P18000050990
FILED
June 01, 2018
Sec. Of State
lyarbrough

Article VI

The name and address of the incorporator is:

MAURO SANTOS
244 SW 12TH AVE.

DEERFIELD BEACH

Electronic Signature of Incorporator: MS

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: VP
MAURO SANTOS
244 SW 12TH AVE.
DEERFIELD BEACH, FL. 33442 US

Title: P
PAULA MARTINS
244 SW 12TH AVE.
DEERFIELD BEACH, FL. 33442 US

Article VIII

The effective date for this corporation shall be:

06/01/2018

P18 0000 50990

STATE OF FLORIDA

FL

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

FL

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2017056081

DATE ISSUED: April 11, 2017

DECEDENT INFORMATION

STATE FILE DATE: April 10, 2017

NAME: JUAN GUILLERMO HURTADO

DATE OF DEATH: April 4, 2017

SEX: MALE

AGE: [REDACTED]

DATE OF BIRTH: October 26, 1976

SSN: [REDACTED]

BIRTHPLACE: CARACAS, VENEZUELA

PLACE WHERE DEATH OCCURRED: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 11630 NW 45th St

LOCATION OF DEATH: Coral Springs, BROWARD COUNTY, 33065

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: NEVER-MARRIED

SURVIVING SPOUSE NAME: NONE

RESIDENCE: 11630 NW 45TH ST, CORAL SPRINGS, FLORIDA 33065, UNITED STATES

COUNTY: BROWARD

OCCUPATION, INDUSTRY: SELF EMPLOYED, INTERNET BUSINESS

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian

☐ American Indian or Alaskan Native-Tribe: ☐ Japanese ☐ Korean ☐ Vietnamese

☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Isl:

☐ Other Asian: ☐ Other: ☐ Unknown

HISPANIC OR HAITIAN ORIGIN? YES, VENEZUELAN

EDUCATION: ASSOCIATE DEGREE

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER/PARENT: ALEJANDRO HURTADO

MOTHER/PARENT: ANA HURTADO BAPTISTA

INFORMANT: ANA HURTADO BAPTISTA

RELATIONSHIP TO DECEDENT: MOTHER

INFORMANT'S ADDRESS: 3120 HOLIDAY SPRINGS BLVD APT NO. 212, MARGATE, FLORIDA 33063, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: EVERGLADES CREMATORIUM
WEST PARK, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: GERONIMO MENA JR, F042156

FUNERAL FACILITY: GUIDING LIGHT CREMATIONS F059114
2431 SW 56 TERRACE, WEST PARK, FLORIDA 33023

CERTIFIER INFORMATION

TYPE OF CERTIFIER: ASSOCIATE MEDICAL EXAMINER MEDICAL EXAMINER CASE NUMBER: 17171197

TIME OF DEATH (24 hr): 1800

DATE CERTIFIED: April 10, 2017

CERTIFIER'S NAME: IOURI GEORGE BOIKO

CERTIFIER'S LICENSE NUMBER: ME100736

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED

[Signature]

State Registrar

REQ: 2018037617

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



* 3 4 9 9 8 6 7 2 *

DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED