Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:				
	Division of Co	rporations		
	Fax Number	: (850)617-6381		2020 APR 2
From:				7
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	= =:	ž
	Account Number	: I2000000019	(2) 5 (2) 3 5	20
	Phone	: (305)552-5973	-, -,	
	Fax Number	: (305)675-5944	*1	70
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enrer	tne email addres: ual report maili	s for this business entity to be used for ngs. Enter only one email address please.	future	<u>S</u>
Ema	il Address:			
				

FLORIDA PROFIT/NON PROFIT CORPORATION CARTAYA'S PROFESSIONAL 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 I NAME: The name of the corporation is:

ADDICED IN DRINCIPAL OFFICE.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
101 nw 189 st Miami Gardens FI 33169	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	207
Carlos M Cartaya (P)	20 AF
Yelam <u>is T Cartaya CVf</u>)	2020 APR 20
	PH [
	= =
	<u> </u>
	 -
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRE	
Carlos M Cartaya	
101 NW 189 St Miamì Gardens FI 33169	
ARTICLE VI INCORPORATOR: The name and address of the Incorpora Yelamis T Cartaya	ator is:
101 NW 189 st Miami Gardens FI 33169	

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 17 Ag / 2020

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.

17 Ap/ 20:20
Incorporator Date