

P21000086282

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H21000370814 3)))



H210003708143ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

FILED
OCT-4 PM 4:23
TALLAHASSEE, FL

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
INFONETWORLD SERVICES CORP

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

2021 OCT 05 PM 3:52

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

EIN: 87-2933890

ARTICLE I NAME: The name of the corporation is:

Infonetwork Services Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

6303 Blue Lagoon Dr

Suite 500

Miami, FL 33126

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Aurelio Pereira BAZAIL (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Aurelio Pereira Bazail

6303 Blue Lagoon Dr Suite 500

Miami FL 33126

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

Aurelio Pereira Bazail

6303 Blue Lagoon Dr Suite 500

Miami FL 33126

FILED
OCT - 4 PM 4: 23
TALLAHASSEE, FL

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

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

Date

2021 OCT 5 PM 4:23
SECRET
STATE DEPARTMENT
TALLAHASSEE, FL