

P21000103717

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.

((H21000453360 3)))



H210004533603ABCY

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 : 12000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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
DATA SOFT GROUP INC

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

RECEIVED
2021 DEC 13 PM 3:20

2021 DEC 13 AM 9:28
RECEIVED

ARTICLES OF INCORPORATION

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

* 1-01-22 EFFECTIVE DATE

ARTICLE I NAME: The name of the corporation is:

DATA SOFT GROUP INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

DOWNTOWN DORAL
8333 NW 53rd ST SUITE 450
DORAL FL 33166

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

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

ENGELBERT RAFAEL USECHE RAMIREZ
(PRESIDENT)

2021 DEC 13 AM 9:26

LED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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


ENGELBERT RAFAEL USECHE RAMIREZ
DOWNTOWN DORAL
8333 NW 53RD ST SUITE 450
DORAL FL 33166

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

ENGELBERT RAFAEL USECHE RAMIREZ
DOWNTOWN DORAL
8333 NW 53RD ST SUITE 450
DORAL FL 33166

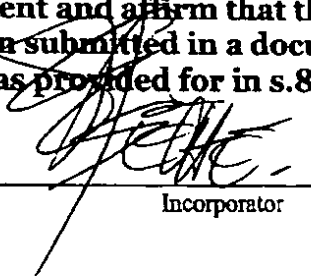
Required Signatures:

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 DEC 13 AM 9:28
 STATE OF FLORIDA
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA