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

From: Account Name : ARTURO J. BRAVO ESQ., P.A.
Account Number : I20220000098
Phone : (786)374-2372
Fax Number : (786)416-6145

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: TEAM@CROSSWISE.LEGAL

2024/07-1 PM 12:59

**FLORIDA PROFIT/NON PROFIT CORPORATION
MDS GLOBAL SERVICES CORP**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$70.00 |

2/24

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: **MDS GLOBAL SERVICES CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address: **19667 TURNBERRY WAY APT 15A**
MIAMI, FL 33180
Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **FERNANDO MANZANILLA, PRESIDENT** Name and Title: **ALVARO RODRIGUEZ, VICE-PRESIDENT**

Address: **Edificio MengGrande, 14th Floor** Address: **19667 TURNBERRY WAY APT 15A**
Ala Sur, Francisco de Miranda Avenue **MIAMI, FL 33180**
Los Palos Grandes, Caracas, Venezuela 1060

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |

ARTICLE VI REGISTERED AGENT

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

Name: Arturo J Bravo, Esq. P.A.

Address: 3105 NW 107TH AVENUE, SUITE 603

DORAL, FL 33172

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: FRANCISCO MANZANILLA

Address: Edificio MeneGrande. 14th Floor, Ala Sur,

Francisco de Miranda Avenue, Los Palos Grandes, Caracas, Venezuela 1060

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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:

| | |
|-------------------------------------|-------------------|
| <u><i>Arturo J. Bravo</i></u> | <u>04/01/2024</u> |
| 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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

| | |
|------------------------------------|-------------------|
| <u><i>Francisco Manzanilla</i></u> | <u>04/01/2024</u> |
| Required Signature/Incorporator | Date |