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(Decimated Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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SECRETARY OF STATE OF DIVISION OF JUL 26 PH 3: 29



LAZARUS CORPORATE FILING SERVICE

CORPORATE FILING SERVICE		
3320 SW 87TH AVENUE		
MIAMI, FL 33165 (305) 552-5973		
	Office Use Only	
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
1. Florida social servic	(Document #)	
2. (Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
4		
(Corporation Name)	(Document #)	
Walk in Pick up time 2.00	Certified Copy	
☐ Mail out ☐ Will wait ☐ Photo	ocopy Certificate of Status	
NEW FILINGS AMENI	<u>DMENTS</u>	
Not for Profit Res Limited Liability Cha	endment ignation of R.A., Officer/Director inge of Registered Agent solution/Withdrawal rger	
OTHER FILINGS REGIST	FRATION/QUALIFICATION	
Rei	nited Partnership nstatement demark	

Examiner's Initials



05 JUL 26 PH 3: 29

ARTICLES OF INCORPORATION OF

Florida Social Services, Corp

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

Florida Social Services, Corp

ARTICLE II

The principal place of business and mailing address of this corporation shall be:

201 Alhambra Circle, ste #501 Coral Gables, FI 33134

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

500 shares (five hundred) @ \$ 1.00 (one dollar)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Valentin Lopez
201 Alhambra Circle, suite #501
Coral Gables, Fl 33134

ARTICLE V INCORPORATOR (S)

The name(s) and street address (es) of the incorporator to these Articles of Incorporation is (are):

Manuel Alfonso, President 201 Alhambra Circle, suite #501 Coral Gables, Fl 33134

The undersigned has (have) executed these Articles of Incorporation this 8th day of July, 2005.

Signature/Title

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Status, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: Florida Social Services, Corp.
- 2. The name and address of the registered agent and office is:

Valentin Lopez
201 Alhambra Circle, suite #501
Coral gables, FI 33134

Signature

Title Kegistund C

Date 7-11-05

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFIED, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL MY STATUS RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature ₋

Date 7-11-05