

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.

((H14000219695 3)))



H140002196953-BC4

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

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
TRUST MANAGEMENT & FINANCIAL SERVICES CORP**

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

14 SEP 18 PM 4:30

FILED

14 SEP 18 AM 11:15

MD 9/19

H14000219695

Articles of Incorporation

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, F.S.

Article I - Name: The name of the corporation shall be

Trust Management & Financial Services Corp

Article II - Principal and Mailing Address

123 SE 3rd Ave #133
Miami FL 33131

CLERK OF STATE
ALLIANCE FLORIDA

14 SEP 18 AM 11:15

FILED

Article III - Shares

The number of shares of stock is: 100

Article IV - Initial Officers and/or Directors

Adolfo Falciani (P)

Article V - Registered Agent

The name and Florida street address of the registered agent is:

Adolfo Falciani
123 SE 3rd Ave #133
Miami FL 33131

Article VI - Incorporator

The name and address of the incorporator is:

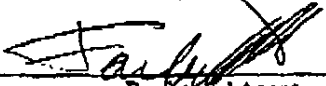
Adolfo Falciani
123 SE 3rd Ave #133
Miami FL 33131

H14000219695

H14000219695

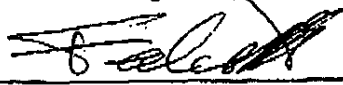
Required Signatures:

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 09-18-2014
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 09-18-2014
Date

H14000219695