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PICK-UP	☐ WAIT ☐ MAIL
(Bu	siness Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to I	Filing Officer:
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03 FEB 24 PH 1: 44
SECRETARY OF STATE
ALLAHASSEE FLORIDA

TRANSMITTAL LETTER

•				
Department of State Division of Corpor				
P.O. Box 6327 Tallahassee, Fl. 32	314			
Subject:	WESTON MARKETING SERV	VICES, INC.	The Un	
,	(PROPOSED CORPORATE NAME- NAME	nust include suffix)		
Enclosed is an orig \$70.00 Filing Fee	inal and one(1) copy of the ar <u>x</u> \$78.75 Filing Fee & Certificate of Status	rticles of incorporation a\$78.75 Filing Fee & Certified Copy	**************************************	
		[ADDITIONAL CO	OPY REQUIRED]	
	11(0)1/1.	H. CABANAS		0 THE
	570 WI	LLOW BEND ROAD Address		
		, FLORIDA 33327 City, State & Zip	. <u>-</u>	

Daytime Telephone Number

(954) 349-9166

ARTICLES OF INCORPORATION

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 - NAME

The name of the corporation shall be:

WESTON MARKETING SERVICES, INC.

03 FEB 24 PH 1: 44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II - PRINCIPAL OFFICE

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

570 WILLOW BEND ROAD WESTON, FLORIDA 33327

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE HUNDRED (500) SHARES @ US\$1.00 PER SHARE

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VICTOR H. CABANAS 570 WILLOW BEND ROAD WESTON, FLORIDA 33327

ARTICLE V - INCORPORATOR(S)

See instructions for officers/directors

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

VICTOR H. CABANAS, 570 WILLOW BEND ROAD, WESTON, FL 33327 MARIANA M. CABANAS, 570 WILLOW BEND ROAD, WESTON, FL 33327

day of	<u></u>		1	्राहरू इ.स.च्या
(An additional article must be added if an e	ffective date is req	uested)		
buh lku bi	lauf			:
	gnature	V.H.C.		<i></i>
	and the second		www.scp# = =	·
	Signature	M.M.C.		

Notarization is not required

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, 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	WESTON	MARKETING	SERVICES,	INC.	·-
				<u> </u>	<u> </u>	
2.	The name and address of the regi	stered agen	t and office is:			
	VICTOR H. CA	ABANAS	(Name)	· · · · · · · · · · · · · · · · · · ·		. .
	570 WILLOW E (Street Address		D , or Mail Drop Box	NOT Acceptable	21	
	WESTON, FLOR		27 y/State/Zip)			
des. cap	ving been named as registered agent aignated in this certificate, I hereby acacity. I further agree to comply with formance of my duties, and I am fami	cept the app the provisio	ointment as regi ns of all statutes	stered agent and relating to prop	l agree to act er and comple	in this ete