# PA4080074775

| Gustavo Oliva<br>11123 NW 7th Street #3<br>Miami, FL 33172                       | 000035400930                            |
|----------------------------------------------------------------------------------|-----------------------------------------|
| (City/State/Zip/Phone #)                                                         | 05/05/0401032018 <b>**78</b> .75        |
| (Business Entity Name)  (Document Number)                                        |                                         |
| Certified Copies Certificates of Status  Special Instructions to Filing Officer: | > = = = = = = = = = = = = = = = = = = = |
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Office Use Only

5,10,00

### ARTICLES OF INCORPORATION

Of

CUSTOM ACCOUNTING SECULOES, CORP.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida. ARTICLE I - CORPORATE NAME The name of the corporation is: ACCOUNTING SERVICES, GORP. CUSTON ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue ONE THECS AND shares (1000) of \_\_\_\_ Dollar(s) (\$\_ / ec ) par value Common Stock, which shall be designated "Common Shares." ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT -The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is: EUSTAVO OLIVA NAME N. W TTH STREET APT 200 ADDRESS ZIP 33/72 MIAMI FLORIDA СЛТҮ The principal office, if known, or the mailing adress of the corporation is: CUSTOM ACCOUNTING SERVICES CORP. NAME 11123 ADDRESS ZIP 33/7-1 MIAMI **FLORIDA** CHY ARTICLE VI - INITIAL BOARD OF DIRECTORS ONE I directors initially. The number of directors may be either This corporation shall have increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows: GUSTAVO OLIVA. NAME 11113 N.W TTH STREET ADDRESS 7IP 33/73 FLA MIAMI STATE CITY NAME

STATE

STATE

ZIP

ZIP

ADDRESS

CITY

NAME **ADDRESS** 

CITY

#### ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

| NAME                                                                                                                                            | CUSTOM | ACCOUNT | INE S | BERVICES | , CORP.    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|-------|----------|------------|
| ADDRESS                                                                                                                                         |        | N.W TTH |       |          |            |
| СПУ                                                                                                                                             |        | - FLA   |       |          | ZIP 3317.2 |
| NAME                                                                                                                                            |        |         |       |          |            |
| ADDRESS                                                                                                                                         |        |         |       |          |            |
| CITY                                                                                                                                            |        |         | STATE |          | ZIP        |
| NAME                                                                                                                                            |        |         |       |          |            |
| ADDRESS                                                                                                                                         |        |         |       |          |            |
| CITY                                                                                                                                            |        |         | STATE |          | ZIP        |
| IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 26  day of APRIL , 19 200.4 (Seal)  (Seal) |        |         |       |          |            |

## CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

| CUSTON | ACCOUNTING            | SERVICES, CORP |  |
|--------|-----------------------|----------------|--|
|        | (name of corporation) |                |  |

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

| at          | 1/23          | N.W           | TTH          | STREET                 | APT #202          |
|-------------|---------------|---------------|--------------|------------------------|-------------------|
|             | MIAM          | , _           | FLA          | 33172                  |                   |
| has named   |               | 6UST.         | 900          | OLIVA                  |                   |
| located at  | the aforesaid | l address, as | its Register | red Agent to accept so | ervice of process |
| within this | state.        |               |              |                        | 74                |

#### ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

\_\_\_\_\_

egistered agent)

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FORM 215: CERTIFICATE & ACKNOWLEDGEMEN

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