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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: COMPLETE SOLUTION	S, CORP.		 .
(PROPOSED CORPORA)	I'E NAME – <u>MUST INCLI</u>	<u>UDE ŞUFFIX</u>)	
Enclosed are an original and one (1) copy of the artic	les of incorporation and	a check for:	
☐ \$70.00	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: JOHN SILVA	Printed or typed)		
4201 SW 132 AV	ddress		77 ≈ -a.c.
MIAMI, FL 33175	State & Zip		
(305)510-9275 Daytime Te	lephone number	 , -	4

NOTE: Please provide the original and one copy of the articles.

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:

COMPLETE SOLUTIONS, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4201 SW 132 AV MIAMI, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

N/A

ARTICLE IV SHARES

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JOHN SILVA

4201 SW 132 AV. MIAMI, FL 33175

PRESIDENT

MARTHA SANCHEZ

4201 SW 132 AV. MIAMI, FL 33175

VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

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

JOHN SILVA

4201 SW 132 AV. MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN SILVA

4201 SW 132 AV. MIAMI, FL 33175

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

Signature/Re gistered Agent NHOL SILVA

Signature/Incorporator