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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	





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COVER LETTER

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

Tallahassee, FL 32314
SUBJECT: EZ MANAGEMEN + SETVICES CENTER. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status \$78.75 \$87.50 Filing Fee & Filing Fee, & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: SHWH SUR (Name (Printed or typed)
2026 BREATON Blvo/ #B
Elando FL 32805 City, State & Zip
866-234-2442 A E T
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II	PRINCIPAL OFFICE			
	Principal street address		Mailing address, if diff	erent is:
	JULE BRUAON ISLYO	y Ex	2_Box 53	5205
•	Plando F1328	<i>9</i> 5~ 9 £	lando F	<u> </u>
ARTICLE III	PURPOSE			
The purpose for	which the corporation is organized is:			
ARTICLE IV	SHARES			
The number of sh	nares of stock is: 10			
ARTICLE V	INITIAL OFFICERS AND/OR DIR		Soi LP	, 1 Min
	Title: Denisa Son		itle: WINT VA	NITH
Address:	208 Bruton Blud		208 DEVIO	n GIVEE
	0 54 MO 1 32805	<u>, </u>	96/4/10 1	PC 5280
	(MERS WICE)		- Charlen	5)
Name and	Title: CORMEL Olmo:	Wame and T	title: Rong lol	CLOSIA
Address:	208 Bruton Blud.	Address:	208 Brite	m Bluck
11001000	Ochando FL 32805		ordardo 1	17 32k
	Director	<u>- </u>	Secreture	. 1
	()		1000.00	()
Name and	Γitle:	Name and T	Title:	# CO
Address:		Address:		坐 與 →
				س خطم خحر
				(A)
<u>ARTICLE VI</u>	REGISTERED AGENT			
	lorida street address (P.O. Box NOT accep	stable) of the registered	agent is:	当会 全
Name:	MAY SOINT BUN	<u> </u>	uton Bluck	770
Address:	10 DA 555 255	_ ~ ~ "	0100C () (= C)	<u>ූූූූූූූූූූූූූූූූූූූූූූූූූූූූූ</u>
	orando, pl 328	<u>, co</u>		<u>ജ</u> > വ
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	INCORPORATOR	1 ~	A A	I.
	idress of the instantant	L ZNE"	" WILL	
Name: Address:	200 2006 13/12		• (.,, =	
Address.	Cock of A V 33	105	C ,	
	Onanab re 30	<u></u>		
Having heen na	ned as régistered agent to accept service o	f process for the above	stated corporation at the	nlace designate
this certificate. I	am familiar with and accept the appointmen	nt as registered agent a	nd agree to act in this cap	acitv
•	1/1/		1.00	2 1
	11 , 11/14		(17)	19/17/11
	Required Signature Registered Ag	rant	<u>~ ' </u>	Data LUL
	residence sustained Kedisteled Ag	gent	ţ	Date
	sument and affirm that the facts stated he	rain are true I am au	vare that the false inform	ation submitted :
I submit this doc	morning word with the third mile in the	icin arc ame. I am an		
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