

P11000098018

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

\*\*Enter the email address for this business entity to be used for the annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
MAINSOFT POINT INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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MRS 11/15

## **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:

MAINSOFT POINT INC

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

125 N 19TH AVE APT #203

HOLLYWOOD, FL 33020

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

### **ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT

CARLOS OVALLES

22933 SW 113TH PASSAGE

MIAMI, FL 33170

DIRECTOR, PRESIDENT

MANUEL A. CAMA

125 N 19TH AVE APT #203

HOLLYWOOD, FL 33020

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PAGE 2 MAINSOFT POINT INC

**ARTICLE VI REGISTERED AGENT**

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

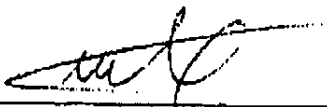
MANUEL A. CAMA  
125 N 19TH AVE APT #203  
HOLLYWOOD, FL 33020

**ARTICLE VII INCORPORATOR**


The name and Florida street address of the Incorporator is:

CARLOS OVALLES  
22933 SW 113TH PASSAGE  
MIAMI, FL 33170

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.

  
\_\_\_\_\_  
MANUEL A. CAMA / Registered Agent

11/12/11  
Date

  
\_\_\_\_\_  
CARLOS OVALLES / Incorporator

11/12/11  
Date

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