

MAY/29/2014/THU 01:00 PM

FAX No.

P. 001/003

5/29/2014

P 14 000046696

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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14 MAY 29 AM 11:09
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ALL SERVICES 24/7 INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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FAX No.

P. 002/003

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 MAY 29 AM 11:09

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: ALL SERVICES 24/7 INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

10020 SW 33 STREET
MIAMI, FL 33165

Mailing address, if different is:

10020 SW 33 STREET
MIAMI, FL 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: (P) YUDEL GONZALEZ

Address: 10020 SW 33 STREET
MIAMI, FL 33165

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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(cont.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: YUDEL GONZALEZ
Address: 10020 SW 33 STREET
MIAMI, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YUDEL GONZALEZ
Address: 10020 SW 33 STREET
MIAMI, FL 33165

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)
Required Signature/Registered Agent

MAY 28, 2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

(Signature)
Required Signature/Incorporator

MAY 28, 2014

Date