

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

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
COLINA SERVICE CORP

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

T2. 9/3/14

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

ARTICLE I NAME: The name of the corporation is:

Colina Service Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

5770 NW 113 Ter
Hialeah FL 33012

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Luis Gordech (P)
Guillermo Colina (VP)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Luis Gordech
5770 NW 113 Ter
Hialeah FL 33012

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Luis Gordech
5770 NW 113 Ter
Hialeah FL 33012

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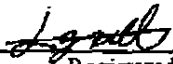
SECRETARY
DIVISION OF REVENUE
FLORIDA

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Required Signatures:

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

 9/2/14
Registered Agent 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.

 9/2/14
Incorporator Date

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STATE OF FLORIDA
DIVISION OF CORPORATE REGISTRATION

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