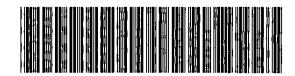
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(Requ	estor's Name)			
(Addr	ess)			
(Addr	ess)			
(City/	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Docu	ıment Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Fi	ing Officer:			

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SECHETAS, OF STATE

14 SEP 19 PH 3: 43



COVER LETTER

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

1&S Interconsultants, Let. Cop.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

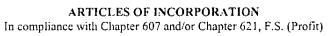
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

FROM: Santiago Arap Name (Printed or typed) 782 N.W Lejeune Rd. Suite 330 Address Miami, FI 33126 City, State & Zip 786-614-2413 Daytime Telephone number santiagoarap@hotmail.com

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

E-mail address: (to be used for future annual report notification)





ARTICLE I The name of the co	NAME orporation shall be: 1&S Interconsul	tants, ⊞c .	Corp.	14 SEP 19 PH 3: 43
ARTICLE II	PRINCIPAL OFFICE Principal street address		Mailing addres	SECRETARY, DESTATE STATE
	ejeune Rd.Suite 330			
Miami,Fl	33120			
ARTICLE III The purpose for w	PURPOSE which the corporation is organized is:	ration Se	rvices.	
ARTICLE IV	SHARES ares of stock is: 100			
i ne number oi sha	ares of stock is:			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR		Droold	n m t
Name an	Santiago Arap Mata.	_Name and Title	Preside	ent.
Address	8820 Fontainebleau	_ Address:		
	Blvd,Unit 310.	_		
	Miami,FI 33172	-		
Name and	_{d Title:} Ileana M Garcia	_ Name and Title	Vice-P	resident
Address	9950 S.w 39 Terrace	Address:		
	Miami, FL 33165	_		
		_		
Name and	1 Title:	Name and Title	:	
Address		_ Address:		
		_		



(conti.)

14 SEP 19 PH 3: 43 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: Santiago Arap. Name: 8820 Fontainebleau Blvd Unit 310 Address: Miami, FI 33172 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Ileana M Garcia Name: 9950 S.w 39 Terrace Address: 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 09/15/2014 Date Required S nature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the fulse information submitted in a document to the Department of State constitutes of third degree felony as provided for in s.817.155, F.S. 09/15/2014

rporator