

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## FLORIDA PROFIT/NON PROFIT CORPORATION FRD Services Corp.

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SECRETARY OF STATE ARTICLES OF INCORPORA TION AHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

FRD Services Corp.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

570 SW 45th Street #2 Miami, FL 33130

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Heidy Mendez 570 SW 45th Street #2 Miami, FL 33130

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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#### ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Heldy Mendez - President/Director 570 SW 45th Street #2, Miami, FL 33130

#### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Heidy Mendez 570 SW 45th Street #2, Miami, FL 33130'

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16th day of October 20 14

Heidy Mendez

Signature

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION. ORGANIZED UNDER THE LA WS OF THE ST ATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: FRD Services Corp.	ATA ATA ATA ATA ATA ATA ATA ATA ATA ATA	140
2. The name and address of the registered agent and office is:	RETARY, OF S	OCT 17 AMI
Heidy Mendez Name	ORIDA ORIDA	1: 43
570 SW 45th Street #2  (P.O. Box or Mail Drop Box NOT Acceptable)		
Miami, FL 33130 (City / State / Zip)		

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Heidy Mendez SIGNATURE 10/16/2014 (Date)

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