

09/24/2032 07:05

43/3 001 003

P14000092448

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H140002651003)))



H140002651003ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV 13 PM 1:03

APPROVAL
AND
FILED

****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
TENPLUS SERVICES ENTERPRISE CORP**

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

RECEIVED
14 NOV 13 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/11

H14000256100
FILED

14 NOV 13 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Tenplus Services Enterprise Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11947 SW 10 Terg-2MIAMI FL 33184**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Alberto Fernandez (P)Diga Alvarez (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Alberto Fernandez11947 SW 10 Terr g-2MIAMI FL 33184**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Alberto Fernandez11947 SW 10 Ter g-2MIAMI FL 33184

H14000256100

09/24/2032 07:06

APPROVED
AND
FILED


#4353 P.003/003

14 NOV 13 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Required Signatures:

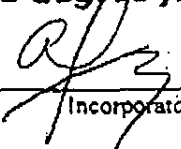
Having been named as registered agent to accept service of process for the above-stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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.



Incorporator

Date