

10/15/2032 05:44

Division of Corporations

#4991 P.001/003

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P14000097696

Florida Department of State
Division of Corporations
Filing Cover Sheet

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Fax Number : (850) 617-6381

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Account Number : 120000000019
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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
LMPS BUSINESS CORP.**

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

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T. SCOTT

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: LMPS Business Corp.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

100 NW 87th Avenue, E-102Miami, FL-33172**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to assist and consult small businesses in different aspects, including but not limited to, bookkeeping and management.**EFFECTIVE DATE: 1-1-2015****ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Oscar A. Guerrero (Pres.)

Name and Title: _____

Address

100 NW 87th Avenue, E-102

Address: _____

Miami, FL 33172

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

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#4991 P.003/003

H14000280277

(Conti.)

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: Oscar A. Guerrero
Address: 100 NW 87th Avenue, E-102
Miami, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Oscar A. Guerrero
Address: 100 NW 87th Avenue, E-102
Miami, FL 33172

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

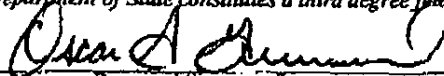


Required Signature/Registered Agent

12/04/2014

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.



Required Signature/Incorporator

12/04/2014

Date

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