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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future was address please.

-			
mail	Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION UNLIMITED SERVICES, INC

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

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Corporate Filing Menu

Help



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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

EFFECTIVE DATE 01/01/15

	EFFECTIVE DATE 01/01/15	
•	Unlimited Services, Inc	2:
	ARTICLE II PRINCIPAL OFFICE:	
	The principal street address and mailing address is:	1 1
		0
	1834 nw 4th st	17
	Miami FL 33125	; -
_		<u> </u>
_		7
ARTIC	LE III SHARES: The number of shares of stock is: 100	
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
0	ORIDAD BLANCO P	
<u> </u>	IKIDAD DIANCO P	
		
	•	
	,	_
		_
<u>ART</u>	ICLE V INITIAL REGISTERED AGENT AND STREET ADDRES	<u>S:</u>
The na	me and Florida street address (PO Box not acceptable) of the registered age	nt i
C_{ℓ}	aridad Blanco	
	1834 nw 4th st	_
	1834 NW 474 SI	
	MIAMI FL 33/25	
	77,43	
ARTI	CLE VI INCORPORATOR: The name and address of the Incorporate	r is
00	REIDAD B/ANED	
· //	134 nu) 44h =7	-
	Grami FL 33125	

H14000285 1

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 a 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.

7 Incorporator

Date