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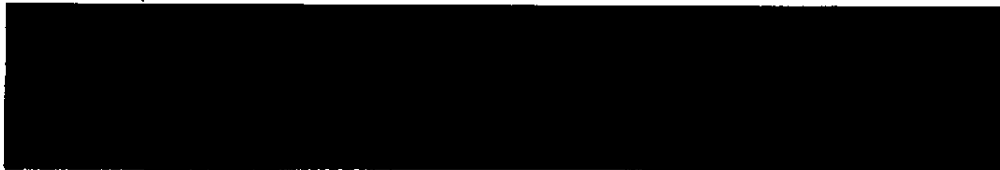
Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : KRISJOENNA SERVICES, INC.
Account Number : I20080000033
Phone : (305) 644-3055
Fax Number : (305) 644-3052

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

15 JAN - 8 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

FLORIDA PROFIT/NON PROFIT CORPORATION

ATM INTERNATIONALSERVICES INC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

15 JAN - 8 AM 10:17
SECRETARY OF STATE
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ATM INTERNATIONAL SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal and Mailing street address:

**1845 NW 112TH AVE Suite 205
MIAMI, FL 33172**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Title: **PRESIDENT**
Name: **LUISA MARIA SALCEDO**
Address: **1845 NW 112TH AVE Suite 205
MIAMI, FL 33172**

Title: **VICE-PRESIDENT**
Name: **ALBERTO JOSE GUEVARA**
Address: **1845 NW 112TH AVE Suite 205
MIAMI, FL 33172**

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida Street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JONATHAN CARVAJAL
Address: 1845 NW 112TH AVE Suite 205
MIAMI, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUISA MARIA SALCEDO
Address: 1845 NW 112TH AVE Suite 205
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

Date: January 07, 2015


Required Signature/Registered Agent

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.

Date: January 07, 2015


Required Signature/Incorporator