

11/23/2032 07:3

#8173 P.001/003

P15000003441

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H15000009315 3)))



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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC  
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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**  
**BEST PROJECT USA, INC.**

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

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

H15000009315

**ARTICLE I NAME:** The name of the corporation is:

Best Project USA, Inc.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1015 SW 66 AVE. MIAMI FL 33144.

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Harold Soberao (P)

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**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Harold Soberao1015 SW 66 AveMiami FL 33144

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

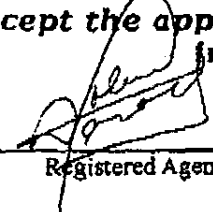
Harold Soberao1015 SW 66 Ave.Miami FL 33144

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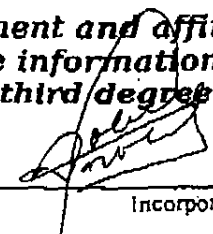
**Required Signatures:**

***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

1/12/15  
\_\_\_\_\_  
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

1/12/15  
\_\_\_\_\_  
Date

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