

FEB/11/2015 01:41 PM

FAX No.

P. 01

P/S000014/83

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.

((H15000035654 3)))



H150000356543ABCs

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 : EXPRESS CORPORATE FILING SERVICE INC
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

FILED
15 FEB 11 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
TUR SERVICES, INC.

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

FEB 12 2015

S. GILBERT

RECEIVED
15 FEB 11 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FEB/11/2015/WED 01:49 PM

FAX No.

P. 002

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: TUR SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7100 NW 50TH ST

MIAMI, FL 33166

FILED
15 FEB 11 AM 8:39
Mailing address, if different, is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GIVIANNY TROTTA (P)

Address: 7100 NW 50TH ST
MIAMI, FL 33166

Name and Title: _____

Address: _____

Name and Title: RICARDO RODRIGUEZ (V/P)

Address: 7100 NW 50TH ST
MIAMI, FL 33166

Name and Title: _____

Address: _____

Name and Title: JUAN USECHE (V/P)

Address: 7100 NW 50TH ST
MIAMI, FL 33166

Name and Title: _____

Address: _____

FEB/11/2015/WED 01:49 PM

FAX No.

P. 003

(cont.)

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: GIVIANNY TROTTA
Address: 7100 NW 50TH ST
MIAMI, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GIVIANNY TROTTA
Address: 7100 NW 50TH ST
MIAMI, FL 33166

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

<u>Givanny Trotta</u>	<u>02/10/2015</u>
Required Signature/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.

<u>Givanny Trotta</u>	<u>02/10/2015</u>
Required Signature/Incorporator	Date