

03/25/2033 05:42

#073 P 001/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P15000035081

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To:

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
ABSOLUTE MANAGEMENT SERVICES CORP.**

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 (Profit)

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ARTICLE I NAME: The name of the corporation is:ABSOLUTE MANAGEMENT Services Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11901 SW 4 STREET
Miami FL 33184.**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Caridad CASTRO (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Caridad CASTRO
11901 SW 4 STREET
Miami FL 33184**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Caridad CASTRO
11901 SW 4 STREET
Miami FL 33184.

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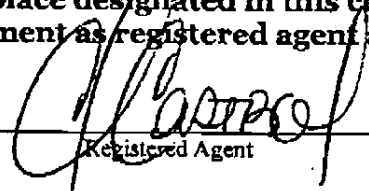
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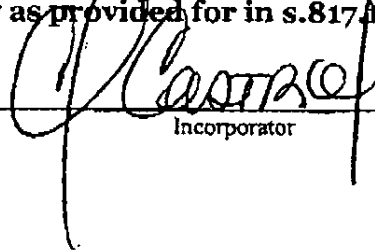
Required Signatures:

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 4.9.15
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 4.9.15
Date

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