| Note: Please print this page and use it as a cover sheet. Type (shown below) on the top and bottom of all pages of the | e document. |
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| Note: DO NOT hit the REFRESH/RELOAD button on your brows so will generate another cover sheet. | er from this page. Doing |
| To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : LAZARUS CORPORATE FILING SERVIC Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 **Enter the email address for this business entity to be annual report mailings. Enter only one email addre Email Address: | e used for future ess please.** |
| FLORIDA PROFIT/NON PROFIT CORPO N&D ESCO CLEANING SERVICES, I Certificate of Status 0 Certified Copy 1 Page Count 0 | |

| /25/2033 04:30 #5257 P.C | 02/003 |
|---|----------------|
| ARTICLES OF INCORPORATION H 1 5 0 0 1 7 1 5 5 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | |
| ARTICLE 1 NAME: The name of the corporation is: | |
| N & D Esco cleaning Servicos, Inc. | |
| ARTICLE II PRINCIPAL OFFICE; | |
| The principal street address and mailing address is: | |
| 10665 SW 190 St. STE 3104 | |
| Cutler Bay, FL 33157 | ly ly trans |
| ARTICLE III SHARES: The number of shares of stock is: 100 | E O |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: Maria Elena Escobar (P) | 7 |
| Natalia Escobar (S.) | |
| · | |
| | |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: | |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: | |
| Maria Elena Escobar | |
| 10665 SW 190 St. STE 3104 | |
| cutler Bay, FL 33157 | |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: | |
| Natalia Escobar | |
| 10665 SW 190 St STE 33104 | |
| Cutler Bay / FL 33157 | |
| | · · · |

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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

Scolate lent 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.

2 1 L Incorporator