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P. 001/003

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**FLORIDA PROFIT/NON PROFIT CORPORATION
SERVICIOS MIGRATORIOS CORP**

Certificate of Status	0
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P. 002/003

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

ARTICLE I NAME SERVICIOS MIGRATORIOS CORP
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:

621 JANN AVE

OPA LOCKA, FL 33054

ARTICLE III PURPOSE ANY AND ALL LAWFULL BUSINESS
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES SHARES: 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>VILMA PEREZ DELGADO (P)</u> Address: <u>621 JANN AVE</u> <u>OPA LOCKA, FL 33054</u> _____	Name and Title: _____ Address: _____ _____ _____
Name and Title: <u>ROLANDO CHACON (V/P)</u> Address: <u>621 JANN AVE</u> <u>OPA LOCKA, FL 33054</u> _____	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: VILMA PEREZ DELGADO
Address: 621 JANN AVE
OPA LOCKA, FL 33054

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: VILMA PEREZ DELGADO
Address: 621 JANN AVE
OPA LOCKA, FL 33054

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 _____
Required Signature/Registered Agent
09/18/2015
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.

 _____
Required Signature/Incorporator
09/18/2015
Date