

(Request	tor's Name)			
(Address)			
(Address	.)			
(City/Sta	te/Zip/Phone #)			
PICK-UP] WAIT	MAIL		
(Busines	s Entity Name)			
,	, ,			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing	Officer:			

Office Use Only



600277513406

15 SEP 29 NH 10: 54

15 SEP 29 &M 11:48

SEP 29 2015

T SCHROEDER

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 756883 8061938 AUTHORIZATION : COST LIMIT : US 720.00 ORDER DATE: August 23, 2015 ORDER TIME : 9:01 AM ORDER NO. : 756883-001 CUSTOMER NO: 8061938 DOMESTIC FILING NAME: HTS GLOBAL INC EFFECTIVE DATE: XX ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP ____ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

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

ARTICLE I NAME The name of the corpora				
ARTICLE II PRINC	CIPAL OFFICE Principal street address	Mailing address, if different is:		
16860 SW 1st STREET	·			
PEMBROKE PINES.F	L.33027			
		IUNICATIONS		
ARTICLE IV SHAR. The number of shares of	stock is: AL OFFICERS AND/OR DIRECTORS		SECKETAH 15 SEP 21	
Name and Title	IASAO SW' Lei STREET	Name and Title:		
.Address	PEMBROKE PINES, FL 33027	Address:	9 AM 11: 48	
Name and Title Address	JORGE C. ARIAS - ROMERO, DIRECTOR 16860 SW 1st STREET PEMBROKE PINES, FL 33027			
Name and Title		Name and Title:	and the state of t	
Address		Address:		
		مراجعة المراجعة المرا		

Name a	nd Title:	Name and Title:	all this printer a lam, nother to all the control and the cont
Addres	s	Address:	
			VALUE - 100
	REGISTERED AGENT		
The <u>name and F</u> Name:	Torida street address (P.O. Box NOT accepted Corporation Service Company	able) of the registered agent is:	
Address:	1201 Hays Street		15 ± 15
	Tallahassee, FL 32301		SEP
ARTICLE VII	INCORPORATOR		ARY OF STALL OF CORPORATIONS 29 AM II: 48
The name and a	iddress of the Incorporator is:		
Name:	HERNEY TORRES-SALINAS		OF STATE
Address:	16860 SW 1st STREET		
	PEMBROKE PINES, FL 33027	······································	
Effective date, in	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and	(OPTIONAL) cannot be more than five business days pr	rior or 90 business
Note: If the dat	e inserted in this block does not meet the apple effective date on the Department of State's rec		will not be listed as
this certificate 1	amed us registered agent to accept service of plant familiar with and accept the appointment Scrute Company Required Signature/Registered Age	t us registered agent and agree to act in this of Courtney Williams Asst. Vice President0	the place designated in capacity 29.15 Date
	ocument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that the false infor	mation submitted in a
Requ	ungd Signature/Incorporator	9	Date (5.