P. 001

## Florida Department of State

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## FLORIDA PROFIT/NON PROFIT CORPORATION

## CENTRO DE DESARROLLO SEL SER, INC.

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

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

ame of the corpo	NCIPAL OFFICE		
CLE II PRII	Principal street address	Mailing	address, if different is:
NW 36 STREE	r		
TE: 123			
AL, FL 33166		<u> </u>	
ICLE III PUR	POSE		
_	n the corporation is organized is:  WFUL BUISNESS		<u>-</u> 1
AND ACL LA	WFOL BUSINESS		
ICLE IV SHA	RES SHARES: 100 of stock is:		
number of shares	of stock is:		15 IALI
number of shares	of stock is:  TAL OFFICERS AND/OR DIRECTORS	<del></del>	15 OC SEGRI
number of shares	TAL OFFICERS AND/OR DIRECTORS	Name and Title:	7447 100
number of shares  ICLE V INIT  Name and Ti	of stock is:  TAL OFFICERS AND/OR DIRECTORS  tle: Alejandro Perez Bolaños (P/D)  8240 NW 36 STREET	<del>-</del>	OCT - 1
number of shares	of stock is:  TAL OFFICERS AND/OR DIRECTORS  tle: Alejandro Perez Bolaños (P/D)  8240 NW 36 STREET	Name and Title:Address:	OCT - I
number of shares  ICLE V INIT  Name and Ti	of stock is:  TAL OFFICERS AND/OR DIRECTORS  tle: Alejandro Perez Bolaños (P/D)  8249 NW 36 STREET  SUITE: 123	<del>-</del>	OCT - I PH 2:
Name and Ti	of stock is:  TAL OFFICERS AND/OR DIRECTORS  tle: Alejandro Perez Bolaños (P/D)  8249 NW 36 STREET  SUTTE: 123  DORAL, FL 33166	<del>-</del>	OCT - 1 PH
Name and Ti	of stock is:  TAL OFFICERS AND/OR DIRECTORS  tle: Alejandro Perez Bolaños (P/D)  8249 NW 36 STREET  SUTTE: 123  DORAL, FL 33166	<del>-</del>	OCT - 1 PH 2: 04  AHASSEL FIORIDA
Name and Ti	Alejandro Perez Bolaños (P/D)  8249 NW 36 STREET  SUTTE: 123  DORAL, FL 33166	Address:  Name and Title:	OCT - 1 PH 2: 04  AHASSEL FIORIDA
Name and Ti	TAL OFFICERS AND/OR DIRECTORS  tle: Alcjandro Perez Bolaños (P/D)  8249 NW 36 STREET  SUTTE: 123  DORAL, FL 33166  le: Miriam Gomez (S/T)	Address:	OCT - 1 PH 2: 04  AHASSEL FIORIDA
Name and Ti	TAL OFFICERS AND/OR DIRECTORS  tle: Alcjandro Perez Bolaños (P/D)  8249 NW 36 STREET  SUTTE: 123  DORAL, FL 33166  le: Miriam Gomez (S/T)  8249 NW 36 STREET	Address:  Name and Title:	OCT - I PH 2: 04  AHASSEL FIORIDA
Name and Ti	TAL OFFICERS AND/OR DIRECTORS  tle: Alcjandro Perez Bolaños (P/D)  8249 NW 36 STREET  SUTTE: 123  DORAL, FL 33166  le: Miriam Gomez (S/T)  8249 NW 36 STREET  SUTTE: 123	Address:  Name and Title:	OCT - 1 PH 2: 04  AHASSEL FIORIDA
Name and Tit Address  Name and Tit Address	TAL OFFICERS AND/OR DIRECTORS  tle: Alcjandro Perez Bolaños (P/D)  8249 NW 36 STREET  SUTTE: 123  DORAL, FL 33166  le: Miriam Gomez (S/T)  8249 NW 36 STREET  SUTTE: 123	Address:  Name and Title:  Address:	OCT - I PH 2: C4
Name and Tit Address  Name and Tit Address	TAL OFFICERS AND/OR DIRECTORS  tle: Alejandro Perez Bolaños (P/D)  8249 NW 36 STREET  SUTTE: 123  DORAL, FL 33166  Miriam Gomez (S/T)  8249 NW 36 STREET  SUITE: 123  DORAL, FL 33166	Address:  Name and Title:  Address:  Name and Title:	OCT - I PH 2: C4
Name and Translation Address  Name and Translation Address	TAL OFFICERS AND/OR DIRECTORS  tle: Alejandro Perez Bolaños (P/D)  8249 NW 36 STREET  SUTTE: 123  DORAL, FL 33166  Miriam Gomez (S/T)  8249 NW 36 STREET  SUTTE: 123  DORAL, FL 33166	Address:  Name and Title:  Address:  Name and Title:	OCT - I PH 2: C4

Name ar	nd Title:	Name and Title:			
Addres		Address:			
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) o	the registered agent is:			
Name:	Miriam Gomez				
Address:	8249 NW 36 STREET STE: 123				
	DORAL, FL 33166	•			
ARTICLE VII	<u>INCORPORATOR</u>				
The name and a	ddress of the Incorporator is:				
Name:	Alejandro Perez Bolaños & Miriam Gomez				
Address:	8249 NW 36 STREET STE: 123				
	DORAL, FL 33166	-			
Effective date, if (If an effective days after the fine Note: If the date	iling.) e inserted in this block does not meet the applicable	t be more than five business days prior or 90 business statutory filing requirements, this date will not be listed as			
Having been na	effective date on the Department of State's records.  med 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 req				
	Required Signature/Registered Agent	09/30/2013 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.					
	ASS Significant (Incompressor	09/30/2015			