

P/600009976

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000027927 3)))



H160000279273ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

16 FEB -2 AM 10:22
STATE OF FLORIDA

LED

FLORIDA PROFIT/NON PROFIT CORPORATION
CONDOR SPECIALTY SERVICES INC

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

FEB 3 2016

S. GILBERT

16 FEB -2 PM 4:19

H16000027927

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Condor Specialty Services INC

ADD TAX ID: 47-1740643
ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

13336 SW 113 CT

Miami FL 33176

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Sonia Betancourt Estevez (P)

STATE OF FLORIDA
DEPARTMENT OF REVENUE

16 FEB - 2 AM 10:22

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Sonia Betancourt Estevez

13336 SW 113 CT

Miami FL 33176

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Sonia Betancourt Estevez

13336 SW 113 CT

Miami FL 33176

H16000027927

H16000027927

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

* *Gonia B. Colton* _____ Date
Registered Agent

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.

* *Gonia B. Colton* _____ Date
Incorporator

H16000027927