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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.	
rmaıı	MUNICHAN -	

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
Condor Specialty Services	ANC
ADD TOX ID: 47-1740643 ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
13336 SW 113 C+	-
Miami FL 33176	_
· .	- 4 - 5
ARTICLE III SHARES: The number of shares of stock is: 100	FEB -2
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Sonia Betancourt Estevez	Per 22
•	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRE	ESS:
The name and Florida street address (PO Box not acceptable) of the registered ag	gent is:
Sonia Betancourt Estevez	
13336 SW 113 CT	
Miami FL 33176	.
	
ARTICLE VI INCORPORATOR: The name and address of the Incorpora	
Sonia Betancourt Esteve	<u>Z_</u>
13336 SW 113 CT	
Miana: Fl 32171.	

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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

* Aug B Ostane
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.

* Bonia & alaie Incorporator Date