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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
HIALEAH ADVANCED FINGERPRINTS, INC

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

03/07/2011 16:41:50

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

ARTICLE I NAME # HIALEAH ADVANCED FINGERPRINTS, INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address: 13115 W OKEECHOBEE ROAD BAY SUITE 106
HIALEAH GARDENS, FL 33018
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: FINGERPRINTS

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ARTICLE IV SHARES 100XS1
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIO LONGAGNANI, PRESIDENT
Address: 13115 W OKEECHOBEE RD BAY SUITE # 106 HIALEAH GARDENS, FL 33018

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARIO LONGAGNANI
 Address: 13115 W OKEECHOBEE ROAD #106
HIACLEAH GARDENS, FL 33018

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIO LONGAGNANI
 Address: 13115 W OKEECHOBEE ROAD 106
HIACLEAH, FL 33018

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 03/07/2016
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 03/07/2016
Date

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