

# P16000021096

Florida Department of State  
Division of Corporations  
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
# HIALEAH ADVANCED FINGERPRINTS, INC

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

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: # HIALEAH ADVANCED FINGERPRINTS, INC

**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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The number of shares of stock is: 100X\$1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARIO LONGAGNANI, PRESIDENT

Name and Title: \_\_\_\_\_

Address 13115 W OKEECHOBEE RD BAY

Address: \_\_\_\_\_

SUITE # 106

HIALEAH GARDENS, FL 33018

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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  
\_\_\_\_\_  
Date 03/07/2016

*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  
\_\_\_\_\_  
Date 03/07/2016

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