

P16000024465

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.

((H16000068564 3)))



H160000685643ABC3

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

16 MAR 17 AM 8:51
FLORIDA CORPORATION
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I200000000019
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: _____

RECEIVED

16 MAR 17 PM 4:11

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
D.S. SERVICES DADE COUNTY INC.**

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

100000685647
CORPORATION

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: D. S. SERVICES, INC. County I.

ARTICLE II. PRINCIPAL OFFICE.

Principal street address

Mailing address, if different is:

3500 SW 108 AVE

Minini - Ep. 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For repairs and a r.

REMODELING OF HOMES & BUSINESSES STRUCTURES

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES, COMMON

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YENNY PERERA Name and Title: Pres. f. D STAM

Miami - Ref. 33165

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

LEAD
SECTION OF STATE
DIVISION OF CORRECTION

6000009565

(cont.)

H16000068564

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: YOLANDA PERERA
Address: 3500 SW. 108 AVE.
Miami - FL 3316516 MAR 17 AM 8:51
DIVISION OF STATE
REGISTRATION
CORPORATIONS**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: YOLANDA PERERA
Address: 3500 SW. 108 AVE.
Miami - FL 33165

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

AP

Required Signature/Registered Agent

3-15-16

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.817.153, F.S.

AP

Required Signature/Incorporator

3-15-16

Date

H16000068564