

**P16000025116**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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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.\*\***

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**RECEIVED**

16 MAR 18 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ALL UNIVERSAL SERVICE CORP.**

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 is:All Universal Service Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

19223 NW 48 AVEMiami Gardens FL, 3305516 MAR 18 AM 10:56  
CLERK OF STATE  
TALLAHASSEE FLORIDA**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Pablo Stanchiu(P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

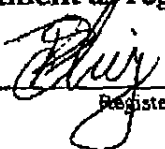
Pablo Stanchiu19223 NW 48 AVEMiami Gardens FL 33055**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Pablo Stanchiu19223 NW 48 AVEMiami Gardens FL 33055

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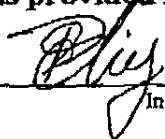
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**Required Signatures:**

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

 3-18-2016  
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.

 3-18-2016  
Incorporator Date

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DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

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