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.

(((H16000072181 3)))



H160000721813ABC-

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

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.

| Emp41 | Address: | | | |
|-------|-----------|--|--|--|
| CHAIT | MUMILESS: | | | |

FLORIDA PROFIT/NON PROFIT CORPORATION **USA INFO 1 INC**

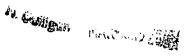
| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

Electronic Filing Menu

Corporate Filing Menu

Help





H160000/2181

ARTICLES OF INCORPORATION

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

| ARTICLE I NAME: The name of the corporation is: |
|---|
| USA Info 1 Inc |
| ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: |
| The principal street address and mailing address is: |
| 1522 East Mowry DR 57 5 |
| Ap+ # 208 |
| tiomestead FL 33033 |
| ARTICLE III SHARES: The number of shares of stock is: |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: |
| Bichard Miguel Lara Alfonso (P) |
| |
| |
| |
| |
| |
| |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| Richard Miguel Lara Alfonso |
| 1522 East Mown DR Apt # 208 |
| Homestead FL 33033 |
| HOMESTEA 1 C SSSSS |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: |
| Richard Miguel Lara Alfonso |
| 1522 East Moury DR Apt # 208 |
| Homestead FL 33033 |

H16000072181

Required Signatures:

| Having been named as registered agent to accept service corporation at the place designated in this certificate, I am appointment as registered agent and agre to a | n familiar with and accept the |
|---|--------------------------------|
| Registered Agent | Date |

I submit this document and affirm that the facts stated werein 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.

Incorporator

16 MAR 22 PM 12: 04
SELENTATE OF STATE
MALLAHASSEE FLORID