

MAY/06/2016/FRI 03:56/2016

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H16000039912

Florida Department of State
Division of Corporations
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SEAL OF THE STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
TOTAL SES INC

Certificate of Status	0
Certified Copy	1
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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: TOTAL SES INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
10875 SW 112 AVE APT 205
MIAMI FL 33176

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100 SH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thiago Birtencourt Da Costa PRES.

Name and Title: _____

Address 10875 SW 112 AVE APT 205
MIAMI, FL 33176

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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P. 003

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: Thiago Bittencourt Da Costa

Address: 10875 SW 112 Ave apt 205

Miami, Florida 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thiago Bittencourt Da Costa

Address: 10875 sw 112 ave

MIAMI, FL 33176

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/05/2016 (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

X



Required Signature/Registered Agent

05/05/16

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.817.155, F.S.

X



Required Signature/Incorporator

05/05/16

Date