

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and attach it as a cover sheet. Type the fax and e-mail number (shown below) on the top and bottom of all pages of the document.

(((H16000117074 3)))



H160001170743ABC.

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.\*\*

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
MA SERVICES GROUP CORP.

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

RECEIVED

16 MAY 11 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAY 11 AM 11:42

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 05/12/16

H16000117074

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME:** The name of the corporation is:MA SERVICES Group Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

801 BRICKELL BAY DR  
MIAMI, FL 33131

JAN 11 AM 11:42

FILED  
SECRETARY OF STATE  
CORPORATIONS**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**MACARENA MERCEDES QUIROGA (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

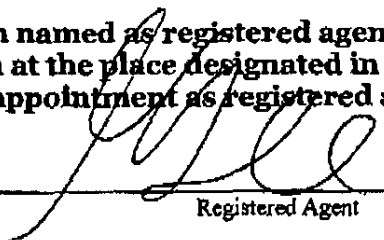
Macarena Mercedes Quiroga  
801 Brickell Bay DR  
Miami FL 33131**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Macarena Mercedes Quiroga  
801 Brickell Bay DR  
Miami FL 33131

H16000117074

H16000117074

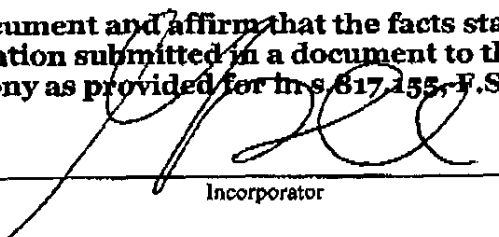
**Required Signatures:**

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

  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator

\_\_\_\_\_  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAY 11 AM 11:42

H16000117074