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Division of Corporations Electronic Filing Cover Sheet

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(((H160001641003)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Mame : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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FLORIDA PROFIT/NON PROFIT CORPORATION

ASA TRANSLATION INC.

Certificate of Status

Certified Copy

Page Count

Estimated Charge

\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

H16000164100

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of ASA Translation, Inc. of Doc# P13000011999 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely.

Angela M Alvarez

H16000164100

Add Tax 10: 27-0226952

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

The name of the corpora	Z ASA TRANSLATION, INc	C.			
ARTICLE II PRIN 266 BAST 19TH ST		Mailing a	Mailing address, if different is: 266 BAST 19TH ST		
HIALBAH, FL 33010		HIALBAH, FL 33010			
	OSE ANY AN the corporation is organized is:				
ARTICLE IV SHAR The number of shares of ARTICLE V INITU	ES stock is: 100 AL OFFICERS AND/OR DIRECTORS				
Name and Title	BD COITHAIT	Name and Title:	1		
Address	266 BAST 19TH ST	Address:			
	HIALBAH, FL 33010				
Name and Title					
Name and Title	·	Name and Title:			
Address		Address:			

LAZARUS

H 1 6 0 0 0 1 6 4 1 0 0

Name a	nd Title:	Name and Title:			
		Address:			
ARTICLE VI	REGISTERED AGENT Sorida street address (P.O. Box NOT acceptable) of the registered agant to			
Name:	ANGELA M ALVAREZ	To a mo Augustotte agent is.			
Aridress:	266 EAST 19TH ST	_			
,	HIALBAH, FL 33010				
ARTICLE VII	INCORPORATOR				
The name and a	ddress of the Incorporator is:				
Name:	ANOBLA M ALVAREZ				
Address;	266 EAST 19TH ST	— · · · · · · · · · · · · · · · · · · ·			
	HIALBAH, FL 33010	<u>. </u>			
Affective date, if (If an effective of days after the fi	Inte is listed, the date must be specific and can ling.)	. (OPTIONAL) not be more than five business days prior or 90 business le statutory filing requirements, this date will not be listed as			
the document's e	effective date on the Department of Stato's record	9.			
Having been na this certificate, I	med as registered agent to accept service of proc am familiar with and accept the appointment as	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity			
	Dalores	07/07/2016			
	Required Signature/Registered Agent	Date			
I submit this document to the	cument and affirm that the facts stated herein a Department of State constitutes a filted degree fel	re true. I am aware that the faise information submitted in a any as provided for in s.817.155, P.S.			
,	alune	0 7/0 7 /2016			
Requ	ired Signature/Incorporator	Dato			