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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
GUAYABO PDR SERVICE INC**

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

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STATE OF FLORIDA
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November 1, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: GUAYABO PDR SERVICE INC
REF: W16000074104

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list at least one incorporator with a complete business street address.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H16000268591
Letter Number: 316A00023485

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Guayabo PDR Service INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8194 WEST 30 CT Hialeah FL
33018**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**OSMANI BLANCO NARANJO
- PRESIDENT -RECEIVED
TALLAHASSEE, FLORIDA

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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


OSMANI BLANCO NARANJO
8194 WEST 30 CT
HIALEAH FL 33018**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Osmani Blanco Naranjo
8194 WEST 30 CT
Hialeah FL 33018

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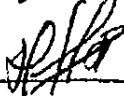
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Required Signatures:

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

_____
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

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