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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.
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
CCS DELIVERY CORP**

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

12/05/16

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DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

PH 160 00 235 7 83

ARTICLE I NAME: The name of the corporation is:

CCS DELIVERY Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

15422 SW 23 LANE
MIAMI FL 33185

Miami FL 33185

ARTICLE III **SHARES:** The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Julio Cesar Varela Teller (†)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Julio Cesar Varela Tellez
15422 SW 23 Lane
Miami FL 33185

15422 SW 23 Lane

Miami FL 33185

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Julio Cesar Varela	Tellez
15422 SW 23	Lane
Miami FL	33185

15422 SW 23 Lane

Miami FL 33185

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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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