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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973 : (305)675-5944

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## FLORIDA PROFIT/NON PROFIT CORPORATION CARIBE SERVICE GROUP CORP

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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## ARTICLES OF INCORPORATION

In compliance with Chapter 507 (Profit)

ARTICLE I NAME: The name of the corporation is:

Action 18,	
CAMBE Service Group Corp	~
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
3851 NW 119 st Unit 2107	•
Hialah Godens Fl 33018	
ARTICLE III SHARES: The number of shares of stock is:	•
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Youndri Cashillo Almira (P)	
	7 33 Y
The state of the s	85 - -< ∵
	en e
	2
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Yogndri Castillo Almira	
8851 NW 119 ST Unit 21	07
Hialeah Gardens FL 33018	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
	2107
	- اسم
Hialeah Gardens FL 33018	

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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

Kegistered 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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