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To:

Division of Corporations

Fax Number

: (850)617~6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019

Phone

: (305)552-5973

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION

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June 19, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: AR GROUP SERVICES INC

REF: W17000050772

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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

Tyrone Scott Regulatory Specialist II New Filings Section FAX Aud. #: **H17**000161782 Letter Number: 917A00012353

H17000161782

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
ALR group services Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
15721 SW 44 St
Miami, Fl 33185
ARTICLE III SHARES: The number of shares of stock is. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Andria Lourdes Rovirasa (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Andria Louides Rovirosa
15721 SW 44 ST
Migmi FL 33185
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Andria Lourdes Rovirosa
15721 SW 44 ST
Miami FL 33185

H17000161782

## 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

Le le la

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

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