

P18000013854

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000050148 3)))



H180000501483ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAZARIUS 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
ACCURATE RESEARCH SOLUTIONS, INC.

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

N. SAMS
FEB 13 2010

RECEIVED
2010 FEB 12 PM 2:55
FEB 13 2010

ARTICLES OF INCORPORATION

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

H18000050148

ARTICLE I NAME: The name of the corporation is:ACCURATE RESEARCH SOLUTIONS, INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3900 NW 79th AVE.Suite 520DORAL, FL 33166**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Milagros Agosto Carrillo PresidentGIYANNA M. Lopez Vice PresidentLUIJA FUENTES TREASURER**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

3900 NW 79th AVESuite 520DORAL, FL 33166MILAGROS AGOSTO CARRILLO**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:MILAGROS AGOSTO CARRILLO3900 NW 79th AVE SUITE 520DORAL FL 33166

H18000050148

H18000050148

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

M. Leg. On Canal
Registered Agent

02/12/2018
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.

M. Leg. On Canal
Incorporator

02/12/2018
Date

H18000050148