2/15/2018 Division of Corporations

P18000015439

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address:_____

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FLORIDA PROFIT/NON PROFIT CORPORATION

Flexible & Integrated Technical Services International, Inc.

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

Electronic Filing Menu Corporate Filing Menu Help

FEB 19 2018

K. Brumbley

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Flexible & Integrated Technical Services International, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
Plaza Coppella Building, Suite 205, Narlvo Alers Avenue	PO Box 822
Piedras Blancas Ward	AGUADA, Puerto Rico, 00602
AGUADA, Puerto Rico, 00602	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting. validation and industrial services and any lawful business or activity under the law of this state

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose Torres - Director / President	Name and Title: Jose Lebron - Director / COO
Address: PO Box 822 AGUADA, Puerto Rico, 00602	Address: PO Box 822 AGUADA, Puerto Rico, 00602
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

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2018 FEB 16 AM 8:54

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System

Address: 1200 South Pine Island Road

Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Efrain Irizarry

Address: PO Box 13669

San Juan, PR 00908

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

C T Corporation System

By: Kimberly Steinmetz Kimberly Steinmetz Vice President and Assistant Secretary 02/15/2018

Required Signature/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.

_____ 2/15/2018

Required Signature/Incorporator Date