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8/31/2019

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
EUREKA ASSESSMENTS CORP

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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SEP 04 2018

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

ARTICLE I NAMEThe name of the corporation shall be: EUREKA ASSESSMENTS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

18670 SW 28TH CTMIRAMAR, FL 33029**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DORELYS ENGELIS GONZALEZ(P) Name and Title: _____Address 18670 SW 28TH CT Address: _____
MIRAMAR, FL 33029 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____

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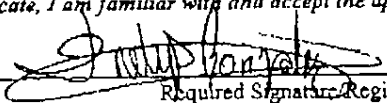
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: DORELYS ENGELIS GONZALEZAddress: 18670 SW 28TH CTMIRAMAR, FL 33029**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: DORELYS ENGELIS GONZALEZAddress: 18670 SW 28TH CTMIRAMAR, FL 33029**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

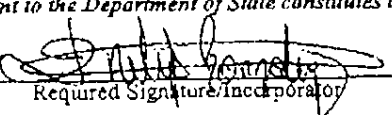


Required Signature/Registered Agent

08/30/2018

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.



Required Signature/Incorporator

08/30/2018

Date