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To:

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

From:

Account Name : LAZARUS 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 SYNSATIONS CORP.

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

2nd REQUEST

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Corporate Filing Menu

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MAR 20 2019

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Synsations Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

12750 NW 27 AVE Opa-locka
FL 33054 Apt #100

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Stephanie Marie Espinosa (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Stephanie Marie Espinosa
12750 NW 27 Ave Opa-locka FL
33054 Apt #100

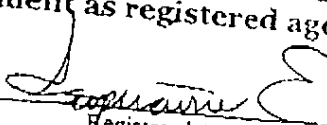
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Stephanie Marie Espinosa
12750 NW 27 Ave Opa-locka FL
33054 Apt #100

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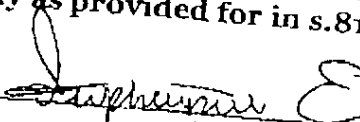
Required Signatures:

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



Registered Agent 3/20/19
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 3/20/19
Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA