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.

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To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 : (305)552-5973 Fax Number : (305)675-5944 37.50 **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 P & S ENTERPRISE SOLUTIONS INC Certificate of Status Certified Copy 1 Page Count 04 Estimated Charge \$78,75

Electronic Filing Menu

Corporate Filing Menu

Help

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of P&S Enterprise Solutions INC

of Document # P170000 729 15

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

Samuel Clementino De Paiva

ARTICLES OF INCORPORATION In exampliance with Chapter 607 (Profit)	
	9119
그는 그는 그리고 바꾸게 하고 있는 지수는 것들고 가능한 만든 사람들이 되는 것 같아요? 그를 다 살 때문에 되었다.	15 20 20 20
- 1 - A 4 - MAIN LE B 1 10 0 11 0 Y 11 11 11 11 11 11 11 11 11 11 11 11 1	: 9
ARTICLE II PRINCIPAL OFFICE:	₽
The principal street address and mailing address is:	<u>.</u>
	country.
MIAMI, FL 33144	
ARTICLE III SHARES: The number of shares of stock is: 200	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
SAMUEL CLEMENTINO DE DANA(P)	
	S. Bayes Bayes
	E (************************************
요한 사람이 아름이 많은 사람들이 가지 않는데 하는데 하는데 하는데 하는데 하고 말했다. 그렇게 다른 사람들이 되었다.	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is 22/ Skl BI AVE SAMUEL CLEMENTING DE-	
SHMOEL CLEMENTING DC	Pari Vi X
MAMI 71. 33144	
	eri Rijana kanalan Rijana kanalan
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is	
SUMMEL CLEMENTINO DE PAIVA	5.
221 566 81 NVE	
MARAY 4 33144	

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

Saud de Paid 3/29/19
Rogistered Agent 3/29/19

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.

Spund of Pain 3/29/19
Incorporator Dare