

APR/18/2019
 Division of Corporations
 Florida Department of State
 Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
 PROFESSIONAL SKILLS, INC.**

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P. 002/003

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: PROFESSIONAL SKILLS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

13234 SW 200 TERRACE

Mailing address, if different is:

M MIAMI, FL 33177

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: GIRALDO CARABALLO (P)

Name and Title: _____

Address 13234 SW 200 TERRACE

Address: _____

MIAMI, FL 33177

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: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: GIRALDO CARABALLOAddress: 13234 SW 200 TERRACE
MIAMI, FL 33177**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: GIRALDO CARABALLOAddress: 13234 SW 200 TERRACE
MIAMI, FL 33177**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*

(X)

Required Signature/Registered Agent

4/15/2019

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.*

(X)

Required Signature/Incorporator

4/15/2019

DateFILED
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