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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 : (305)675-5944 Fax Number

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

1	Address:		
-marı	MARITESS:		

## FLORIDA PROFIT/NON PROFIT CORPORATION NAPOLES SOLUTION INC

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\$78.75

Electronic Filing Menu

Corporate Filing Menu

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
NAPOLES SOLUTION Inc	2019 SEC
ARTICLE II PRINCIPAL OFFICE:	IS MAY 15
The principal street address and mailing address is:  1831 5W B3AVC  WAWI FL 33155	5 AM 8: 52
ARTICLE III SHARES: The number of shares of stock is: 100	<u>)</u> S:
	-
Lysman's Jimenez (P)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET AL  The name and Florida street address (PO Box not acceptable) of the registe  LYSMANS JIMENEZ.  1831 SW 83 AVE.  Miami FL 33155	red agent is:
The name and address of the Inc	_

## 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 5/15/19

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.

Date Date

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