

JUN/20/2019/THU 12:26 PM

FAX No.

P. 001

6/20/2019

P1900049911

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
GOMEZ UNIVERSAL SERVICES CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
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FAX No.

P. 002

RECEIVED
DIVISION OF CORPORATE AFFAIRS
19 JUN 20 AM 9:17

ARTICLES OF INCORPORATION

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

ARTICLE I NAME GOMEZ UNIVERSAL SERVICES CORP

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8147 W 36 AVE APT: 6

HAIALEAH, FL 33018

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: NANCY GOMEZ MEJIAS (P)

Name and Title:

Address 8147 W 36 AVE

Address:

APT: 6

HAIALEAH, FL 33018

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

19 JUN 20 AM 9:17

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NANCY GOMEZ MEJIAS
Address: 8147 W 36 AVE APT: 6
HIALAH, FL 33018

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

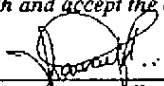
Name: NANCY GOMEZ MEJIAS
Address: 8147 W 36 AVE APT: 6
HIACLEAH, FL 33018

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

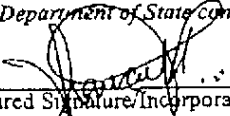


Required Signature/Registered Agent

6/18/2019

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.



Required Signature/Incorporator

6/18/2019

Date