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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
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FLORIDA PROFIT/NON PROFIT CORPORATION CHUBREVICHT SERVICES INC.

Certificate of Status	0
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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JUL 24 2019

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: Chubrevicht Services Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address if different is:

9121 SW 142nd Court

Miami FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all business purpose

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ruben Contreras, President

Name and Title: Dayamin De. Cristo, Vice President

Address: 9121 SW 142nd Court

Address: 9121 SW 142nd Court

Miami FL 33186

Miami FL 33186

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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: Ruben ContrerasAddress: 9121 SW 142nd CourtMiami FL 33186**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Ruben ContrerasAddress: 9121 SW 142nd CourtMiami FL 33186**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

07232019

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

07232019

Date