

JUL/31/2019

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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
TRIPLE S SYSTEMS CORP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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JUN 01 2019

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: TRIPLE S SYSTEMS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address599 SW 57 AVE

Mailing address, if different is:

SAMEAPT 1MIAMI, FL 33144**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: LUIS ZURITA (P/S/D)

Name and Title: _____

Address

599 SW 57 AVE

Address: _____

APT 1MIAMI, FL 33144

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

SECRETARY
FALL 2019
JUL 31 2019

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

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LUIS ZURITA
 Address: 599 SW 57 AVE., APT 1
MIAMI, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: _____

Name: LUIS ZURITA
 Address: 599 SW 57 AVE., APT 1
MIAMI, FL 33144

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:

Luis Zurita JULY 30, 2019
 Required Signature/Registered Agent 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.

Luis Zurita JULY 30, 2019
 Required Signature/Incorporator Date

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 SECRETARY OF STATE
 TALLAHASSEE, FL