Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			<b>2</b>	-1
	Division of Corporations		- (	
	Fax Number : (850)617-6381		ر در ا	22
From:			. 137 CD	7
110	Account Name : LAZARUS CORPORATE	FILING SERVICE, INC.	**;***	-2-
	Account Number : I20000000019		E CA	
	(000) 553 5077		2:	••
	Phone : (305)552-5973			
	Fax Number : (305)675-5944		Θ,,	S

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

Email	Address:	
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## FLORIDA PROFIT/NON PROFIT CORPORATION UNITED STATE LIFE SAFETY SERVICES CORP

Certificate of Status	
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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## Florida Department of State

**Attention: New Filings Section** 

To whom it may concern:

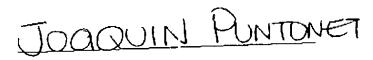
This is to advise that the owners of

UNITED STATE LIFE SAFETY
SERVICES COPP
of Document # P15000021197

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

Principal office Principal street address 60 SW 132 COURT TE 215  AMI,FL 33186		Mailing address, if different is 12360 SW 132 COURT SUITE 215 MIAMI,PL 33186					
				CLE III PUR urpose for which	POSE ANY ANI the corporation is organized is:	) all lawful business	<del>-</del>
				<del></del>			
mber of shares	RES 100 of stock is:						
CLE V INT	RES 100  of stock is:  IAL OFFICERS AND/OR DIRECTORS  III:  DRESTIDENT	Name and Title:					
mber of shares  CLE V INIT  Name and Ti	RES  of stock is:  IAL OFFICERS AND/OR DIRECTORS  IS:  JOAQUIN PUNTONET  PRESIDENT	Name and Title:					
umber of shares  CLE V INIT  Name and Ti  Address	RES 100  IAL OFFICERS AND/OR DIRECTORS  IIC:  PRESIDENT  12360 SW 132 COURT SUITE 215  MIAMI, FL 33186	Name and Title:Address:	· · · · · · · · · · · · · · · · · · ·				
umber of shares  CLE V INIT  Name and Ti  Address	RES 100 of stock is:  IAL OFFICERS AND/OR DIRECTORS IIC: JOAQUIN PUNTONET PRESIDENT 12360 SW 132 COURT SUITE 215 MIAMI, FL 33186	Name and Title:  Address:  Name and Title:	· · · · · · · · · · · · · · · · · · ·				
CLE V INIT  Name and Ti  Address  Name and Tit	RES 100 of stock is:  IAL OFFICERS AND/OR DIRECTORS IIc: JOAQUIN PUNTONET PRESIDENT 12360 SW 132 COURT SUITE 215 MIAMI, FL 33186	Name and Title:  Address:  Name and Title:	· · · · · · · · · · · · · · · · · · ·				
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ARTICLE YI	REGISTERED AGENT	a second amount is:	
The <u>name and</u>	Torida street address (P.O. Box NOT acceptable	i) Of the tegisteren aftern is:	
Name:	JOAQUIN PUNTONET		
Address:	12360 SW 132 COURT SUITE 215		
Addi oss.	MIAMI, FL 33186		
ARTICLE VII	INCORPORATOR	•	·
The name and	address of the Incorporator is:		
Name:	JOAQUIN PUNTONET		
Address:	12360 SW 132 COURT SUITE 215		
Airitess.	MIAMI, FL 33186		
	·		
ARTICLE VIII	EFFECTIVE DATE: 10/22/2019	· : (OPTIO	NATI
Effective date, : (If an effective	f other than the date of filing:  date is listed, the date must be specific and car	anot be more than five d	ays prior or 90 days after the
filing.)	•		
Note: If the dathe document's	te inserted in this block does not meet the applica effective date on the Department of State's recon	ble statutory filing require ds.	ments, this late will not be listed as
Having been no this certificate,	amed as registered agent to accept service of pro Lam familiar with and accept the appointment as	cess for the above stated c registered agent and agre	orporation at the place designated ( te to act in this capacity
•	Minn	•	10/22/2019
	/ Required Signature/Registered Agent	<del>_</del> , <del>_</del> _	Date
I submit this de document to the	ocument and affirm that the facts stated herein to performent of State constitutes a third degree for	are true. I am aware that slony as provided for in s.l	the false information submitted in
	Ham	-	10/22/2019
Reg	uired Signature/Incorporator	<del></del>	Date
1			