

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.

(((H19000320881 3)))



H190003208613ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:	Division of Cor	rporations	4
	Fax Number	: (850)617-6381	
	TOX HOMOCI	. (630)017-0361	J, 25
From:			熔泵
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	m _S
	Account Number		
	Phone	: (305)552-5973	- (/)
	Fax Number	: (305)675-5944	_ ₹
			•
**Enter	the email address	s for this business entity to be used for fu	uture
ai ii	mar report marry	ngs. Enter only one email address plea≤e.**	•
Ema	ill Address:		

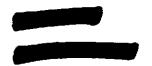
FLORIDA PROFIT/NON PROFIT CORPORATION SEARCH INTERNATIONAL SERVICES CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help



K PACE.

NOV 2 0 2019

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

EIN; 84-3729411		
ARTICLE I NAME: The name of the corporation is:		
Search ThtERNATIONAL Services Con	0	-
ARTICLE II PRINCIPAL OFFICE:	_	
The principal street address and mailing address is: 3101 NW 99th ST HAM, FL 33/47		
- MIANI, FL 33147		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
NAYLE RODRIGUEZ AFONSO (President)		
	19 NOV	
	61 A	Ī
ARTICLE V INITIAL REGISTERED AGENT AND STREET ATTORNESS.	PH O	1
**************************************	ις) 	
The name and Florida street address (PO Box not acceptable) of the refistened agent is: NAME ON ONE TO FINS O		
- 3101 NW 99th ST		
MIAMI FL. 33147		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
NAYTE ROdribuez A/PONSO		
MIAMIFL. 33147 5		

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



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.



19 NOV 19 PM 6: 22 SCURE ARY OF STATE