

Department of
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
BEST SOUTH FLORIDA CONSULTING SERVICES INC**

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

NOV 27 2019

T. SCOTT

2019 NOV 26 AM 9:48
STATE OF FLORIDA
HALL COUNTY CLERK

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Best South Florida Consulting Services
INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

15190 SW 122 Ave Apt 3112
Miami FL 33186**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Beatriz Zozaya Aldana (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

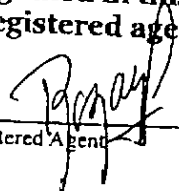
Beatriz Zozaya Aldana
15190 SW 122 Ave Apt 3112
Miami FL 33186**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Beatriz Zozaya Aldana
15190 SW 122 Ave Apt 3112
Miami FL 33186SECRETARY
TALLAHASSEE, FLORIDA

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Required Signatures:

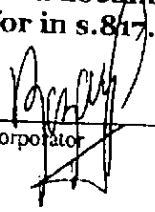
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Registered Agent11/22/2019

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.



Incorporator11/22/2019

Date