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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 Fax Number : (305)675-5944

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

Email	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION ROJAS EDUCATIONAL SERVICES INC

Certificate of Status	0
Certified Copy	1
Page Count	03
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Help



Dec 20,2019

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## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:		
_ 7	The principal street address and mailing address is:		
_!	MIAMI, FL 33173		
ARTICL	E III SHARES: The number of shares of stock is: 1000		
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: SIDENT - ALEXANDER ROJAS		
7900	SW 97TH AV		
MIAM	AI, FL 33173		
ARTIC	CLE V INITIAL REGISTERED AGENT AND STREET ADDRESS	2019 DEC	·
The name	e and Florida street address (PO Box not acceptable) of the registered agent is	913	,
	ANDER ROJAS SS CONTRACTOR OF THE PROJECT OF THE PRO	P	
7900	SW 97TH AV mon	2: [	
MIAM	M, FL 33173	; 8	
<u>ARTICL</u> ALEXA	LE VI INCORPORATOR: The name and address of the Incorporator is:		
7900 S	SW 97TH AV		

## 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 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.

ALCXANDCR ROGAS 12/19/19
Incorporator Date

2019 DEC 19 PM 2: 06
SECRETARY OF STATE
TALL ABOVE TO THE