## Florida Department of State Dission of corporation Elements sile generalities

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|        | Division of Corporations  |                                       |
|        | Fax Number : (850)617-6381  |                                       |
| From:  |   |                                       |
|        | Account Name : LAZARUS CORPORATE FILING SERVICE, INC.   |                                       |
|        | Account Number : I20000000019 Phone : (305)552-5973   | <b>~</b> 3                            |
|        | Phone : (305)552-5973 Fax Number : (305)675-5944  | 22                                    |
|        | . (505)075-3544   | 7                                     |
|        |   | 2020 FEB                              |
| Enter  | the email address for this business entity to be used for future<br>ual report mailings. Enter only one email address please.** | <br>                                  |

## FLORIDA PROFIT/NON PROFIT CORPORATION ORION CONNECTION INC.

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

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

ARTICLE | NAME: The name of the corporation is: DRION CONNECTION ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 10386 SW 35T ARTICLE III SHARES: The number of shares of stock is: \_\_\_\_/OO INITIAL DIRECTORS AND/OR OFFICERS: ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: MAURICIO A ALTAMIREZ 10386 SW 35T ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: MAURICIO A ALTAMIREZ 10386 SW 3 ST.

## 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

ered Agent

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.

Incorporator

Late