3/11/2020



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.

(((H20000081790 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TPBS CORP Account Number : I20190000112 Phone : (786)389-2779 Fax Number : (305)356-3688

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

# FLORIDA PROFIT/NON PROFIT CORPORATION PROPER LEGAL SERVICES CORP

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

D O'KEEFE MAR 1 3 2020

## H200000817903

#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLE II PRIN	CIPAL OFFICE			
	Principal street address		Mailing address, if different is:	
FL 33175		12923 SW 48 ST ———MIAMI, FL 33175		
	<del></del>			
TLE III PURP	USE the corporation is organized is: PROCES	SS SERVER S	SERVICES	
<del></del>				
			20	
-			· · · · · · · · · · · · · · · · · · ·	
			;.	
<del></del> -	·-·			
TEIV SILAD	EC			
TLE IV SHAR mber of shares of	stock is: 100		:	
			ي. د در الاستان الاستا من الاستان ال	
LE V INITI	AL OFFICERS AND/OR DIRECTORS			
Numa and Titl	UAN E AZCUY PRESIDENT	N 4 9944	GUILLERMO AGRAMONTE F	
	<del>-</del>	_ Address:	10645 SW 112 ST	
Address	12923 SW 48 ST			
	MIAMI, FL 33175		MIAMI, FL 33176	
		_	<del></del> ,,	
		-		
Mama and Title	:	No		
Name and Thic	·	_ Name and Tine.	·· <u> </u>	
Address		_ Address:		
Address	-	_ Address:		
Address		_ Address:		
Address		_ Address: -		
Address		_ Address: -		
		-		
		Name and Title:		

## 03/11/20 06:53PM PDT TPBS Corp -> Florida Department of Stat 18506176381 Pg 4/4

## H200000817903

Name and	1 Title:	Name and Title:					
Address		Address:					
	-	<u> </u>					
APTICLE VI	REGISTERED AGENT						
	prida street address (P.O. Box NOT acco	ptable) of the registered agent is:					
Name:	JUAN E AZCUY						
Address:	12923 SW 48 ST			2			
	MIAMI, FL 33175		<u>, , , , , , , , , , , , , , , , , , , </u>	3			
ARTICLEVII	INCORPORATOR			)			
The name and ad	dress of the Incorporator is:			•			
Name:	JUAN E AZCUY		•	: <u>.                                    </u>			
Address:	12923 SW 48 ST	<del></del>	; . ; .	C.			
	MIAMI, FL 33175	<del></del>					
ARTICI E VIII	EFFECTIVE DATE:						
Effective date, if other than the date of filing:			(OPTIONAL)				
(If an effective d filing.)	ate is listed, the date must be specific ar	id cannot be more than five day	ys prior or 94	0 days after the			
	inserted in this block does not meet the appreciate the appreciate on the Department of State's		ents, this dat	e will not be listed as			
the document 5 ci	rective date on the Department of State 8	records.					
	ed as registered agent to accept service of j smiliar with and accept the appointment o						
4.	Runas			0- 1/ 20			
<u> </u>		<del></del>		03-11-20			
	Required Signature/Registered A			Date			
	ument and affirm that the facts stated he Department of State constitutes a third deg			mation submitted in a			
Υ.	Sulf		Ö	3-11-ZÜ			
Required Signatu	re/Incorporator	<del></del>	Date	, 00			