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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  
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**\*\*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  
ACTIONPLAST INC**

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:ACTIONPLAST INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:


7950 NW 53rd StSuite 337Miami, FL 33166**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Adrian M Campesi PresidentMaria L. Perez Secretary**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Gabriel J. Capoferri15205 SW 45th Ter Unit EMiami, FL 33185**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Adrian M Campesi7950 NW 53rd StMiami, FL 33166

**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

6/29/2020  
\_\_\_\_\_  
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.817.153, F.S.

  
\_\_\_\_\_  
Incorporator

6/29/2020  
\_\_\_\_\_  
Date

2020 JUN 30 PM 2:56  
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