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.

Account Number : I20000000019

: (305)552-5973

: (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:		
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FLORIDA PROFIT/NON PROFIT CORPORATION COMPU & CELL SOLUTIONS, CORP

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

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Corporate Filing Menu

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ADTICUTE AND THE	
ARTICLE I NAME: The name of the corporation is:	
Compuls cell solutions con	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
3550 SW 8 ST	
Conal Gables, FL 33134	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE S:	
Soel Felipe Estevez (P)	20 S
ASS	EP -3
	P (
F-104	<u> </u>
DA CONTRACTOR OF THE CONTRACTO	07
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
3809 SW 79 9/E	
MIAHI FL 33155	
JOEL FELIPE ESTEVEZ	
/	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Joel Felipe Estevez	
Soel Felipe Estevez 3809 SW 79 AVE HUNNI FL 33155	
Hulli FL 33155	

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

9-3-7020:

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.

9'-3-2020 Date