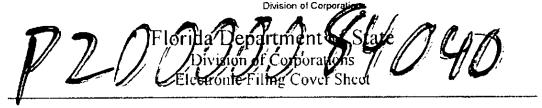
10/21/2020



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Fax Number : (850)617-6381

From:

Account Name : V & M LEGAL SERVICES INC

Account Number : I20200000157 : (305)927-3624 Phone Fax Number : (305)230-3872

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Email Address: vargas.medina@advisersgroup.net

## FLORIDA PROFIT/NON PROFIT CORPORATION CORCHOVAZQUEZ COMPANY

Certificate of Status	0
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## ARTICLES OF INCORPORATION

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

ARTICLE IV PRINCIPAL OFFICE Principal street address 131 Menores Ave Apt 205 Coral Gables, Florida 33134  ARTICLE III PURPOSE The purpose for which the corporation is organized is: Service Communication provider  ARTICLE IV SHARES The number of shares of stock is: 100  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Vazquez, Yinet President Address Coral Gables 1, Florida 33134  Name and Title: Address  Name and Title:	ARTICLE I NAME The name of the corporatio	n shall be: CORCHOVAZQU	JEZ COMPANY		
### ARTICLE IV SHARES The number of shares of stock is: 100  #### ARTICLE IV SHARES The number of shares of stock is: 100  ##################################	ARTICLE II PRINCIPAL OFFICE Principal street address		131 Menore	131 Menores Ave Apt 205	
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Name and Title:  Name and Title:  Address  Name and Title:	Name and Title:_	Vazquez, Yinet . President	Name and Title:	·	
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Name and Title: Name and Title:\_ Address Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Yinet Vazquez Name: 131 Menores Ave Apt 205 Address: Coral Gables, Florida 33134 ARTICLE VII <u>INCORPORATOR</u> The name and address of the Incorporator is: Yinet Vazquez Name: 131 Menores Ave Apt 205 Address: Coral Gables, Florida 33134 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 10/27/2020 \_\_\_\_\_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 fumiliar with and accept the appointment as registered agent and agree to act in this capacity 10/27/2020 Required Signature/Registered 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. 10/27/2020 Required Signature ocorporator