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.

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|        | Division of Co    | rporations                                     |             |
|--------|-------------------|--|-------------|
|        | Fax Number        | : (850)617-6381                                | 7.          |
| From:  |                   |  | <i>!</i> :. |
|        | Account Name      | : LAZARUS CORPORATE FILING SERVICE, INC.       | ·           |
|        | Account Number    | : 120000000019                                 |             |
|        | Phone             | : (305)552-5973                                |             |
|        | Fax Number        | : (305)675-5944                                |             |
|        |                   | • ,  | >-          |
| **Ente | er the email addo | ress for this business entity to be used for f | Cumuna      |
|        | annual cenant ma  | ilings. Enter only one email address please.*  | ruture      |

## FLORIDA PROFIT/NON PROFIT CORPORATION 5-STAR PARKING SOLUTIONS CORP.

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

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

| ARTICLE I NAME: The name of the corporation is:   |
|---|
| 5-Star Parking Solutions C  |
| ARTICLE II PRINCIPAL OFFICE:  |
| The principal street address and mailing address is:                                    |
| 10332 S.W. 211 STrept<br>Cutter BOU FL 33189  |
| ARTICLE III SHARES: The number of shares of stock is: 103                               |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:   |
| (P) marcos Aguilar Jr= =  |
|   |
|   |
| ्रा अप  |
| <u> </u>  |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:                                  |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| 10332 5113 211 SVOOT  |
| CUHIER PAU FL 33189   |
| <del></del>   |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:                   |
| 10237 (11) 211 8400-  |
| Cutter Bay FL 33189   |
|   |

## 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

6-24-30

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

Date

JBH 27 PH 5: 3