

Florida Department of State
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.
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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
VALE SOCIAL HELP CORP

| | |
|-----------------------|---------|
| 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:VALE SOCIAL Help Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9411 SW 4TH ST. Apt 107.
MIAMI, FL 33174.**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**JOSE MANUEL VALE LOPEZ (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

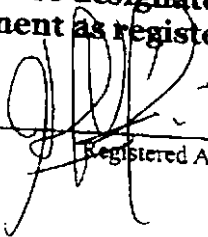
The name and Florida street address (PO Box not acceptable) of the registered agent is:

JOSE MANUEL VALE LOPEZ
9411 SW 4 ST. Apt 107
MIAMI FL 33174**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:JOSE MANUEL VALE LOPEZ
9411 SW 4 ST. Apt 107
MIAMI FL 33174

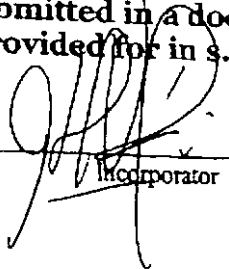
2021 FEB -2 01:06

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

X  _____
Registered Agent 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.817.155, F.S.

X  _____
Incorporator Date

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