From: Yanet Avila

Florida Department of State

-Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION **ECHEMENDIAS SERVICES INC**

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Electronic Filing Menu

Corporate Filing Menu

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

	IPAL DEFILO				
	IPAL OFFICE Principal street address	3	dailing address, if	different is:	
9 NW 17th AV	STE 301	1399 N	W 17th AVE 9	STE 301	
MI FL 33125		MIAMI.	FL 33125		
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purpose for which the	ne corporation is organized is: ANY AN	D ALL LAVVE	TEROSINES:	STRANSPOR	CIA.
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ICLE V INTIA	L OFFICERS AND/OR DIRECTORS				
Name and Title		_ Name and Title:			
Name and Title		_			
	AFRANIA ECHEMENDIA - P 1399 NW 17th AVE STE 301	_ Address:			
	: AFRANIA ECHEMENDIA - P	_ Address:			
	AFRANIA ECHEMENDIA - P 1399 NW 17th AVE STE 301	_ Address:			
Address	AFRANIA ECHEMENDIA - P 1399 NW 17th AVE STE 301 MIAMI, FL 33125	_ Address: _			
Address	AFRANIA ECHEMENDIA - P 1399 NW 17th AVE STE 301	_ Address: _			
Address	AFRANIA ECHEMENDIA - P 1399 NW 17th AVE STE 301 MIAMI, FL 33125	_ Address: _			
Address Name and Title:	AFRANIA ECHEMENDIA - P 1399 NW 17th AVE STE 301 MIAMI, FL 33125	_ Address: Name and Title			
Address Name and Title:	AFRANIA ECHEMENDIA - P 1399 NW 17th AVE STE 301 MIAMI, FL 33125	_ Address: Name and Title			
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Address Name and Title: Address	AFRANIA ECHEMENDIA - P 1399 NW 17th AVE STE 301 MIAMI, FL 33125	_ Address: _ Name and Title: _ Address: Name and Title			

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Name a	nd Title: A	ame and Title:
Addres	S	ddress:
ARTICLE VI	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) of the	e registered agent is:
Name:	AFRANIA ECHEMENDIA	
Address:	1399 NW 17th AVE STE 301	. \\ \(\) \(\)
	MIAMI, FL 33125	
<u>ARTICLE VII</u>	INCORPORATOR	VHVSSEET OF THE 4:
The name and :	ddress of the Incorporator is:	
Namei	AFRANIA ECHEMENDIA	_,
Address:	1399 NW 17th AVE STE 301	, -
	MIAMI, FL 33125	
Effective date, i	FFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cannot be	. (OPTIONAL) be more than five days prior or 90 days after the
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Having been na certificate, I am	med as registered agent to accept service of process for familiar with and accept the appointment as registered	the above stated corporation at the place designated in agent and agree to act in this capacity
0/10	l d	02/01/2021
	Required Signature/Registered Agent / Incor	porator Date