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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (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:\_\_\_\_\_

ON.

## FLORIDA PROFIT/NON PROFIT CORPORATION MANAGEMENT NETWORK SERVICES CORP

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

Jul 3/20/21

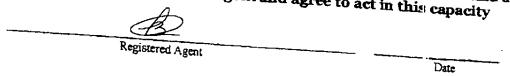
## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

NAME: The name of the corporation is:		
Management Network Services Corp		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
146# atime teather wa 4008		
Miani Lakes FL 33016		
202		
ARTICLE III SHARES: The number of shares of stock is: 100 5		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICEIS:		
Lagara De la Caridad Rodriguez Barahava:		
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:  The name and Florida street address (PO Box not acceptable) of the registered agent is:		
Lazara De La caridad Rodriguez Barahona		
8004 NW 154th St Suite #241		
Miami Lakes Fl 33016		
THAIN LINES IT OSSIF		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
Lazara De la caridad Rodriguez Britahona		
8004 NW 154th St Suite # 241		
Miami Lakes F1 33016		

## 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 familian with and accept the appointment as registered agent and agree to act in this capacity



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
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