## la E Electronic Filing Cover

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To:

Division of Corporations

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: (305)675-5944

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			
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## FLORIDA PROFIT/NON PROFIT CORPORATION AQUASAFE PRO INC

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE 1** NAME: The name of the corporation is:

AquaSafe Pro Inc	
ARTICLE II PRINCIPAL OFFICE:	1
The principal street address and mailing address is:	
2121 Ponce de Leon Blvd., Suite 1050	
Coral Gables, FL 33134	
ARTICLE III SHARES: The number of shares of stock is: 100	_·
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Asdrubal Mendizabal Espinosa - PD	
Joy Donato Murguia - SD	
Amilkar Mendizabal Garcia - TD	
Francisco Antonio Garcia Salas - VPD	
Same address for all Officers: 2121 Ponce de Leon Blvd., Suite 1050	
Coral Gables, Fl. 33134	
Consulting Services of South Florida Inc 5  2121 Ponce de Leon Blvd., Suite 1050 9	
Coral Gables, FL 33134	<del>[</del> :
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	:
Antonio Garcia	
2121 Ponce de Leon Blvd., Suite 1050	
Coral Gables El 33134	

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

04-06-2021

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.

Incorporator

04-06-2021

Date