

Florida Department of State

P210001455403

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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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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
IAMSS INC

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

RECEIVED
2021 APR 12 PM 3:27
OFFICE OF
CORPORATE
SERVICES

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:IAMSS INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

14901 SW 80 ST APT 212
MIAMI FLORIDA 33193**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Ileana America Cordero (P)

_____**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Ileana America Cordero
14901 SW 80 ST Apt 212
MIAMI FL. 33193**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Ileana America Cordero
14901 SW 80 ST Apt 212
MIAMI FL. 33193


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 _____ 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 _____ Date _____