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Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv^o

ORDER FORM

Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051 FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 4/27/2021

PRIORITY Regular Approval

OUR REF_#_(Order_ID#)] 912587

ORDER ENTITY____

SHR SERVICES & MANAGEMENT, INC

PLEASE PERFORM THE FOLLOWING SERVICES	<u> </u>
SHR SERVICES & MANAGEMENT, INC (FL)	

Please file the attached articles and provide a certified copy.

NOTES:	
\$78.75 Authorized	
Email address for annual report reminders:	jmarcuscpa@yahoo.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

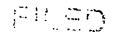
Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, April 27, 2021 Page Lof I



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

RTICLE I NAMI	E SHR SERVICES & MANA	GEMENT, INC 2521 APR 27 AM 8: 51
RTICLE II PRIN 2701 Village Blvd., Api West Palm Beach, F	CIPAL OFFICE Principal street address # 204	SECRETALL OF STAT
IRTICLE III PURE The purpose for which	POSE the corporation is organized is: Any and A	III Lawful Business
THE NUMBER OF SHARES	RES of stock is: 100 IAL OFFICERS AND/OR DIRECTORS	
	tle: GUILLERMO SANCHO / President	Name and Title:
Address	2701 Village Blvd., Apt# 204	Address:
	West Palm Beach, FL 33409	
Name and Titl	le: IVONETTE SANCHO / Treasurer	Name and Title:
Address	2701 Village Blvd., Apt# 204	Address:
	West Palm Beach, FL 33409	
Name and Tit	le:	Name and Title:
Address		

Name a	and Title:	Name and Title:	
Addre	SSS	Address:	<u></u>
ANTICE E 10	OFCINTURED ICENT		
The <u>name and</u>	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	_
Name:	IVONETTE SANCHO	— TO 35) []
Address:	2701 Village Blvd., Apt# 204	<u></u>	1991 KPR 27
	West Palm Beach, FL 33409	ANASSEE FL	27
		G** **- **- (**-)	≥ :
<u>ARTICLE VII</u>	INCORPORATOR	ි ර තුර	8: 51
The name and	address of the Incorporator is:	FILE	<u> </u>
Name:	GUILLERMO SANCHO		
Address:	2701 Village Blvd., Apt# 204		
	West Palm Beach, FL 33409		
Effective date.	II EFFECTIVE DATE: if other than the date of filing:	. (OPTIONAL) annot be more than five days prior or 90 days after	
(If an effective filing.)	e date is listed, the date must be specific and ex	annot be more than five days prior or 90 days after	the
Note: If the da	ate inserted in this block does not meet the applic s effective date on the Department of State's reco	able statutory filing requirements, this date will not be	: listed
Having heen n certificate, I an	amed as registered agent to accept service of process familiar with and accept the appointment as reg	ess for the above stated corporation at the place designal istered agent and agree to act in this capacity	ited in i
		4-27-2	1(
	Required Signature/Registered Agent	Date	
I submit this a document to th	locument and affirm that the facts stated herein ne Department of Statesconstitutes a third degree f	ure true. I am aware that the false information submelony as provided for in s.817.155, F.S.	nitted i
	\ \ \/A	4-27-7	٤١