Division of Corporations Electronic Filing Cover Sheet

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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

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FLORIDA PROFIT/NON PROFIT CORPORATION ASPP INC

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

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

ARTICLE I NAME: The name of the corporation is:
ASPP INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
1504 Bay RD ADT 1007 Mioni Boach T. 6 33139
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
AnnaLieT Claudia SANTIESTE BAN (PRESIDENT)
_(PRESIDENT)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Annaliet Claudia SantiesTeban
1509 Bay R& APT 1007 Minni Boach FC 33139
1301 Jay 1215 April 1001 17 2 and 1 Jeach F.C 33131
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
ANNALIET CLAUDIN SANTIESTEBAN
1504 BAY RD APT 1007 MIAMI BEACH FL 33139

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
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