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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA PROFIT/NON PROFIT CORPORATION CAMPOS GENERAL CONSULTANT CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION

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

	ARTICLE 1 NAME: The name of the corporation is:
	Campos General Consultant C
	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
	19822 SW 124 St 4/AMI FL 33177
RTI(CLE III SHARES: The number of shares of stock is:
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:/
-	Vurisleidi Campos Duarte (P)
	TICLE V INTTIAL REGISTERED AGENT AND STREET ADDRESS:
The r	ame and Florida street address (PO Box not acceptable) of the registered agent is:
	Yuriskidi Campos Duarte
	19822 SW 124 St
	Miami F1 33177
_	MIGINI FI OSITI
ΔĐ	TICLE VI INCORPORATOR: The name and address of the Incorporator is:
M	
_	Yurisleidi Campos Duarte 19822 sw 124 st
	10000 0 100 0
	19822 Sw 124 St

Required Signatures:

Having been named as registered agent to accept service of corporation at the place designated in this certificate, I am appointment as registered agent and agree to ac	process: for the above stated familia: with and accept the t in this capacity
Registered Agent	Date
I submit this document and affirm that the facts stated hereighted in a document to the Depart third degree felony as provided for in s.817.155, F.S.	n are true. I am aware that ment of State constitutes a
Interporator	Date