Iona Department of State Division of Corporations

Division of Corporations Electronic Filing Cover Sheet

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.

(((H21000258253 3)))



1210002582533ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

BITALY SERVICE INC

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

SECOND REQUEST

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

| ARTICLE I NAME: The name of the corporation is: | | |
|--|----------|--|
| BITALY SERVICE INC | | |
| ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 483 W 83 Street - Suite 13 | | |
| Hialah, FL 33014 | | |
| ARTICLE III SHARES: The number of shares of stock is: / 070 | · | |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: CARLOS EDUARDO MENDORA (F) | | |
| P* :: | 2021 JUL | |
| | ن ا | |
| | 3 | |
| | 3: 1, 5 | |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET AD DRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is CARLOS EDVARDO MENDOZA 483 W. 83 STreet. Suite B. Hialah, FL. 33014 | | |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is | s: | |
| CARLOS EDUARDO MENDOZA | , | |
| 483 W. 83 STREET SUITE B | | |
| HIALEAH, FL 33014 | | |

Required Signatures:

| Having been named as registered agent to accept corporation at the place designated in this certific appointment as registered agent and a suppointment as registered agent to accept a suppointment as registered agent and a suppointment as registered agent as supposed as a supposed as a supposed agent as a supposed agen | service of process for the above stated cate, I am familiar with and accept the agree to act in this capacity |
|--|---|
| Registered Agent | Date |
| I submit this document and affirm that the facts stathe false information submitted in a document to the false felony as provided for in s.817(155, F.S. | ated herein are time. I am aware that he Department of State constitutes a S. |
| pucorboustq/ | Date |

2021 JUL -6 Km 8: L