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Florida Department of State
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.
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****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
SUPPORT & SOLUTION NAPLES CONSULTING, CORP.**

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

2021 OCT 17 AM 10:34

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Support & Solution Naples Consulting, Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

14895 Pleasant Bay Ln
APT 5202
NAPLES FL 34119

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Jessica Montero Daniel (President)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Jessica Montero Daniel
14895 Pleasant Bay Ln APT 5202
Naples FL 34119

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

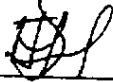
Jessica Montero Daniel
14895 Pleasant Bay LN APT 5202
Naples FL 34119

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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

10/15/21

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

10/15/21

Date