Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION **FUMIGATION SERVICES 305 CORP**

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Electronic Filing Menu

Corporate Filing Menu

Help

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

	oration shall be: FUMIGATION		_
	INCIPAL OFFICE Principal street address T-APT-201	Mailing address, if different is:	
Miami, FI 3	3172		
RTICLE III PUI he purpose for white Furn		usiness	
-			* ;
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		. است	<u> </u>
RTICLE IV SH	ARES 100 of stock is:	. GRA	30 55 7
RTICLE V INT	<u> IIAL OFFICERS AND/OR DIRECTORS</u>		
Name and T	itle: Carlos A Aleman President - Director	Name and Title:Address:	
	carlos A Aleman President - Director	Name and Title:	
Address	Carlos A Aleman President - Director 11365 NW 7ST APT-201 Miami, Fl 33172	Name and Title: Address:	
Address	Carlos A Aleman President - Director 11365 NW 7ST APT-201 Miami, Fl 33172	Name and Title: Address: Name and Title:	
Address Name and Ti	Carlos A Aleman President - Director 11365 NW 7ST APT-201 Miami, Fl 33172	Name and Title: Address: Name and Title:	
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Address Name and Ti Address	itle: Carlos A Aleman President - Director 11365 NW 7ST APT-201 Miami, Fl 33172	Name and Title: Address: Name and Title: Address: Name and Title:	

Name and Title:		Name and Title:		
Address		Address:		
ARTICLE VI The name and FI Name:	REGISTERED AGENT orida street address (P.O. Box NOT acceptal Carlos A Aleman	ole) of the registered agent is:		
Address:	11365 NW 7ST APT-201			
Address.	Miami, FI 33172		9. L	
ARTICLE VII	INCORPORATOR			
The name and ad	dress of the Incorporator is:		(S)	
Name:	Carlos A Aleman			
Address:	11365 NW 7ST APT-201			
Addiess.	Miami, Fl 33172		70.0 K	
			Ø	
Effective date, if c (If an effective di filing.) Note: If the date	EFFECTIVE DATE; other than the date of filing: ate is listed, the date must be specific and coinserted in this block does not meet the applied fective date on the Department of State's reco	cable statutory filing requirements	ior or 90 days after the	
Having been name certificate, I am fa	ed as registered agent to accept service of procunitiar with and accept the appointment as reg	ristered agent and agree to act in the	his capacity	
	Cruy ale		11-01-2021	
المراجعة ا	Required Signature/Registered Agent		Date	
i suomii this docu document to the D	ment and affirm that the facts stated herein epartment of State constitutes a third degree f	are true. I am aware that the failed only as provided for in s.817.155,	ise information submitted in a F.S. 11-01-2021	
Required Signature	e/Incorporator	Dat	e	