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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

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 ABA FURQUET SERVICES CORP

Certificate of Status	0
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Estimated Charge	\$78.75

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

n Fu	rquet SERVICES COVP		
	ARTICLE II PRINCIPAL OFFICE:		
	The principal street address and mailing address is:		
_	11865 SW 185 St		
_	Miami F.1 33177		
_			
<u>ARTIC</u>	LE III SHARES: The number of shares of stock is:	<u> </u>	
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS	<u>}:</u>	
Na	yla Furquet InFante (P)	<u>-</u>	
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	ICLE V INITIAL REGISTERED AGENT AND STREET AD		~
пе па	me and Florida street address (PO Box not acceptable) of the registere NOVIO FUYQUET TOFONTE	zi agent is:	
	11865 SW 185 St		
-	Miami Fl 33177		
. —			
ARTI	CLE VI INCORPORATOR: The name and address of the Incor	porator is:	
	Nayla Furquet Infante		
	11865 SW 185 St		
	Miami F1 33177		

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

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

2022 JAN -4 PH 7: 17