

## Florida Department of State

Division of Corporations

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Division of Corporations

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**LDD PROFESSIONAL SERVICES, INC**

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

T. SCOTT

MAR 24 2022

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 BUREAU OF COMMERCIAL  
 REGISTRATION SERVICES

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: LDD PROFESSIONAL SERVICES, INC

**ARTICLE II PRINCIPAL OFFICE**Principal street address

6320 SW 8 ST

Mailing address, if different is:

6320 SW 8 ST

MIAMI, FL 33144

MIAMI, FL 33144

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: P: LUIS D. DA SILVA DOS SANTOS

Name and Title: \_\_\_\_\_

Address

6320 SW 8 ST

Address: \_\_\_\_\_

MIAMI, FL 33144

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

22  
APR 23  
4:12:19

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LUIS D. DA SILVA DOS SANTOS

Address: 6320 SW 8 ST

MIAMI, FL 33144

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: LUIS D. DA SILVA DOS SANTOS

Address: 6320 SW 8 ST

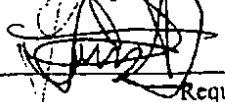
MIAMI, FL 33144

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 03/22/2022. (OPTIONAL)

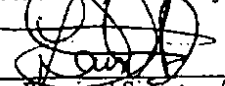
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

X		<u>03/22/2022</u>
	Required Signature/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.*

X		<u>03/22/2022</u>
	Required Signature/Incorporator	Date