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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
OROZCO PROFESSIONAL SERVICES INC.

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

S. CHATHAM

APR - 7 2022

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: OROZCO PROFESSIONAL SERVICES INC.ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address

Mailing address, if different is:

9952 SW 8 ST. #238
MIAMI, FL. 331749952 SW 8 ST. #238
MIAMI, FL. 33174ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LEGAL SERVICES.ARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: YANETSYS P/T/S/D Name and Title: _____Address: ALONSO OROZCO Address: _____9952 SW 8 ST. #238
MIAMI, FL. 33174

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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

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

Name: YANETSYS ALONSO OROZCO
Address: 9952 SW 8 ST. #238
MIAMI, FL. 33174

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: YANETSYS ALONSO OROZCO
Address: 9952 SW 8 ST. #238
MIAMI, FL. 33174

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 04/06/2022 (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

(S) [Signature]
Required Signature/Registered Agent

04/06/2022
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.

(S) [Signature]
Required Signature/Incorporator

04/06/2022
Date