

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000179028 3)))



H220001790283ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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: _____

RECEIVED

2022 MAY 19 PM 2:36

CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
PERFECT SERVICES & SOLUTIONS, CORP.

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

FILED

2022 MAY 19 AM 7:23

ARTICLES OF INCORPORATION

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

Add Tax ID: 26-2074489

ARTICLE I NAME: The name of the corporation is:Perfect services & solutions, corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

10351 SW 156 ST
Miami FL
33157**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Jose Segura (P)

2022 MAY 19 PM 7:23

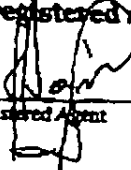
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Jose Segura
10351 SW 156 ST
Miami FL 33157**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Jose Segura
10351 SW 156 ST
Miami FL 33157

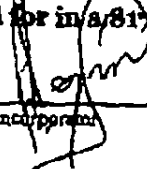
Required Signatures:

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 § 817.255, F.S.



Incorporator_____
Date:

2022 MAY 19 AM 7:20