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.

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To:	

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 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:	
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FLORIDA PROFIT/NON PROFIT CORPORATION **OQUENDO SMART SOLUTIONS CORP**

Certificate of Status	0
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Estimated Charge	\$78.75

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Corporate Filing Menu

Help



ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is	:
6471 Samoa Dr. Sarasota, FL 34241	
	h
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OF	FICEILS: 7
PRESIDENT -Michel Oquendo Betancourt	
· · · · · · · · · · · · · · · · · · ·	
	ET ADDRESS:
ARTICLE V INITIAL REGISTERED AGENT AND STREE	
The name and Florida street address (PO Box not acceptable) of the r	egistered agent is:
The name and Florida street address (PO Box not acceptable) of the radichel Oquendo Betancourt	egistered agent is:
The name and Florida street address (PO Box not acceptable) of the r	egistered agent is:
The name and Florida street address (PO Box not acceptable) of the radichel Oquendo Betancourt	egistered agent is:
The name and Florida street address (PO Box not acceptable) of the radichel Oquendo Betancourt 471 Samoa Dr. Sarasota, FL 34241	egistered agent is:
The name and Florida street address (PO Box not acceptable) of the radichel Oquendo Betancourt 471 Samoa Dr. Sarasota, FL 34241	egistered agent is:

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