## P2200077601

	(Requestor's Name)	
	(Address)	
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PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
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## 12905 SW 42 STREET Suite: 210 MIAMI, FL 33175 Phone: 305-444-4994

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## CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. TRUST	Plus CORP.			
(CORPORATE NAME)		(DOCUMENT #)		
2.				
(CORPORATE N	NAME)	)O)	DCUMENT #)	
3. (CORPORATE N	NAME)	(DC	DCUMENT #)	
☐ Walk-In	X Pick up time:	Certified Copy	☐ Certificate Of Status	
New Filings	Amenda	ments	Other Filings	
Profit	Amendme	nts	Annual Report	
Non-Profit	Resignation	n	Fictitious Name	

Dissolution/Withdrawal

Other:

Examiners Initials	
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Limited Liability

Other:

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

The name of the corpora	tion shall be: TRUST PLUS CO	RP.	
845 SW 8 STREET MIAMI, FL 33130	Principal street address	Mailing <u>845 SW 8 STR</u> MIAMI, FL 33	g address, if different is: LEET 130
ARTICLE III PURPO The purpose for which t	<u>OSE</u> the corporation is organized is: AN	/ AND ALL LAWFUL BU	ISINESS
			100.23 2405tAte
	ES stock is: SHARES: 100 @ \$1		IO FIT 3: 21
	FERMIN ROJAS - P	Name and Title:	
Address	845 SW 8 STREET	Address:	
	MIAMI, FL 33130		
Name and Title	:	Name and Title:	
Address		Address:	
Name and Title	:	Name and Title:	
Address		Address:	

Name a	and Title:	Name and Title:	
Addres	ss	Address:	
		-	
	REGISTERED AGENT		
Name:	Florida street address (P.O. Box NOT acceptable) FERMIN ROJAS	of the registered agent is:	
Address:	845 SW 8 STREET	_	
Address.	MIAMI, FL 33130	_	2 9
		<del>_</del>	30 Z
ARTICLE VII	<u>INCORPORATOR</u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The name and a	address of the Incorporator is:		
Name:	FERMIN ROJAS		<b>∵</b> 345 <b>∵</b> 345 <b>∴</b> 345 <b>∴</b> 345
Address:	845 SW 8 STREET		5 4 A
	MIAMI, FL 33130		rn
ARTICLE VIII Effective date, i	EFFECTIVE DATE: fother than the date of filing:	. (OPTIONAL)	
(If an effective filing.)	date is listed, the date must be specific and can	not be more than five days prior	or 90 days after the
Note: If the date the document's of	e inserted in this block does not meet the applicable effective date on the Department of State's record	le statutory filing requirements, this.	is date will not be listed as
Having been nar certificate, I am	med as registered agent to accept service of process familiar with and accept the appointment as regist	for the above stated corporation at ered agent and agree to act in this	t the place designated in this capacity
	Required Signature/Registered Agent	<del></del>	Date
I submit this do document to the	cument and affirm that the facts stated herein at Department of State constitutes a third degree feld	re true. I am aware that the false only as provided for in s.817.155, F	information submitted in a S.