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From: Yanet Avila

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION  
WEST CENTER SERVICES INC

Certificate of Status	0
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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: WEST CENTER SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2305 WEST 74 ST APT 202HIALEAH, FL 33016**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: JORGE ALBERTO CRUZ ESPOSITO (P)

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

Address 2305 WEST 74 ST APT 202

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

HIALEAH, FL 33016

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

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

Address \_\_\_\_\_

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

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

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

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Address:	_____	Address:	_____
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**

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

Name: JORGE ALBERTO CRUZ ESPOSITO  
Address: 2305 WEST 74 ST APT 202  
HIALEAH, FL 33016

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JORGE ALBERTO CRUZ ESPOSITO  
Address: 2305 WEST 74 ST APT 202  
HIALEAH, FL 33016

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_, (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 used 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*

JAF  
\_\_\_\_\_  
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.*

JAF  
\_\_\_\_\_  
Required Signature/Incorporator

Date

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