زر

- :

<u>.</u>...



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.

(((H23000019666 3)))



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 : I2000000019 Phone : (305)552-5973

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Ema | 1 | - | л. | - | - | - | |
|-----|-------|---|----|---|---|---|--|
| | | | | | | | |
| | | | | | | | |

Fax Number : (305)675-5944

2001 7 Fill 4: 26

FLORIDA PROFIT/NON PROFIT CORPORATION DDA ALL SERVICE SOLUTIONS CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is: DDA ALL Service Solutions Comp ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 12775 SW 45 LN Higni F1 33175 **ARTICLE III** SHARES: The number of shares of stock is: ___ / COARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: DORGES GONZALEZ REINOSO . 10 60 1.7 ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: DORGIS CONTALEZ REIDOSO 12775 Scu 45 LN Higher Fl ARTICLE VI ___ INCORPORATOR: The name and address of the Incorporator is: Complet Reinoso ORGIS 45 Sa シシュレ 33175 -

PL

I

မ္) န.:

<u>Required Signatures:</u>

.

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 ins.817.155, F.S.

| Incorporator | Datc |
|--------------|------|
| | Jac |
| | |
| · | |
| | |
| | |
| | |
| | |