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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

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:			
		 	_	

## FLORIDA PROFIT/NON PROFIT CORPORATION SERVICE PROFESSIONALS SFL, INC

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:
Service Professionals 5FL, INC
- ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:  28/1/50 128 PA-W
Homestead F 37033
<u> </u>
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
ANDE 55=N A FORCIA (P)
202 FALL
AHA T
23 2 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
2: 2: 0 RH-
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
28141 SW 128 PATH
Homastond FI 33033
1101111011001 1 2 3 3 3 3 3 3
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Andelsson A. GARCIA
28141 SW 128 PATH
Homestead +L 33033

## 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