Division of Corporations

Electronic Filing Cover Sheet

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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

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FLORIDA PROFIT/NON PROFIT CORPORATION AF EXPERTS, INC

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

AF EXPENTS, TIME
ARTICLE II PRINCIPAL OFFICE;
The principal street address and mailing address is:
947 sw. 87 Jul
Man, Fla 33174
ARTICLE III SHARES: The number of shares of stock is: 100
-
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Windthe Bosoff Fonsea (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
annette bosch fonseca
947 SW 87GOE
Miami 4/a 33/74
•
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
annette Bosch Fonseca
94+ SW 87 ave
Miami F1 3317

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

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 felopy as provided for in s.817.155, F.S.

ncorporator

Date