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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)298-6579
Fax Number : (305)643-5225

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

Email Address: angelesos14@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION
DRAINAGE TOTAL SOLUTION INC

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$78.75 |

ARTICLES OF INCORPORATION
In compliance with Chapter 697 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: DRAINAGE TOTAL SOLUTION INC**ARTICLE II PRINCIPAL OFFICE**Principal street address9580 SW 3rd STPEMBROKE PINES, FL 33025

Mailing address, if different is:

9580 SW 3rd STPEMBROKE PINES, FL 33025**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: ANGELES MENDEZ PRESIDENT

Name and Title: _____

Address

9580 SW 3rd ST

Address: _____

PEMBROKE PINES, FL 33025

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ANGELES MENDEZ

Address: 9580 SW 3rd ST

PEMBROKE PINES, FL 33025

ARTICLE VII INCORPORATORThe **name and address** of the incorporator is:

Name: ANGELES MENDEZ

Address: 9580 SW 3rd ST

PEMBROKE PINES, FL 33025

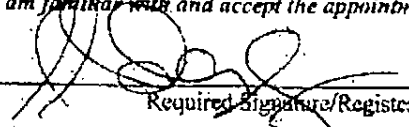
ARTICLE VIII EFFECTIVE DATE:

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 listed 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.



Required Signature/Registered Agent

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11
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3/8/2023
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.



Required Signature/Incorporator

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3/8/2023
Date

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