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.

(((H23000171702 3)))



H230001717023ABCX

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 : I20000000019
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

 FLY SOFT STUDIO COR

 Certificate of Status
 0

 Certified Copy
 1

 Page Count
 03

 Estimated Charge
 \$78.75

Electronic Filing Menu

Corporate Filing Menu

Неір

De,

DORAL, FL, 33166

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

-Free oo/ (Front)
ARTICLE! NAME: The name of the corporation i;:
Flysoft Studio com
ARTICLE II PRINCIPAL OFFICE:
The principal etrast
The principal street address and mailing address is:
10 10 56 ST #= 200
DORAL, FL, 33166
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE III SHARES: The number of shares of stock is: 100 3 4 ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: TO THE MARIANA SOLEDAD OTERS
ARTICLE IV INITIAL DIRECTORS AND IN
MARIANA SOLEDAD OTERO P 500
TEDERICO XAVIER MUNECAS VP 50%
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
MARIANA SOLEDAD OTERO
8180 NW 36 ST # 308
DORAL, FL, 33166
·
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
MARIANA SOLEDAD OTERO
8180 NW 36 ST # 308

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