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 : I20000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

**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 AJR MANAGEMENT SERVICES CORP

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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
,	The principal street address and mailing address is:
1414 NV	107th AVE SUITE # 409 SWEETWATER FL 33172
RTICLEIII	SHARES: The number of shares of stock is: 100
ARTICL	E IV INITIAL DIRECTORS AND/OR OFFICERS:
	JUAN RAUL ATENCIO DUARTE (P)
ADECOLE V	INITIAL REGISTERED AGENT AND STREET ADDRESS
	orida street address (PO Box not acceptable) of the registered agen
	JUAN RAUL ATENCIO DUARTE
1414 N\	N 107th AVE SUITE # 409 SWEETWATER FL 33172
	INCORPORATOR: The name and address of the Incorporato
	INCORPORATOR: The name and address of the incorporato

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

78./01/ 23

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.

tocorporator

Date

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