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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
DISABLED SERVICE CORP**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Disabled Service Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4118 W 11 CTHALEAH, FL 33012**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**TOMAS RAMIREZ MILIAN (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Tomas Ramirez Milian4118 W 11 CTHialeah FL 33012**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Tomas Ramirez Milian4118 W 11 CTHialeah FL 33012

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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

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