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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 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 COMPESATION CENTER CORP

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

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Corporate Filing Menu

Help



ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:		
COMPENSATION CENTER CORP.		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
15051 ROYAL OAKS LANE, # 205		
NORTH MIAMI, FL 33181	- -	
	_	
ARTICLE III SHARES: The number of shares of stock is: 100		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
SANTIAGO SANTAMARIA , PRESIDENT		
15051 ROYAL OAKS LANE, # 205		
NORTH MIAMI, FL 33181		
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDED The name and Florida street address (PO Box not acceptable) of the registered at SANTIAGO SANTAMARIA 15051 ROYAL OAKS LANE, # 205 NORTH MIAMI, FL 33181		
ARTICLE VI INCORPORATOR: The name and address of the Incorporation SANTIAGO SANTAMARIA	itor is:	
15051 ROYAL OAKS LANE, # 205		
NORTH MIAMI, FL 33181	·	

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

11/67/23

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.

Incooperator

11/07/23

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