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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 IMA ACCOUNTING SERVICES INC

Certificate of Status	0
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ナシオ 3115/24

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	The state of the s
	IMA ACCOUNTING SERVICES INC
	ARTICLE II PRINCIPAL OFFICE:
T	he principal street address and mailing address is:
	3408 SW 8ST
	MIAMI, FL 33135
4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
ARTICLE III S	HARES: The number of shares of stock is: 100
ARTICLE	IV INITIAL DIRECTORS AND/OR OFFICERS:
	ANIA DE LA C MARQUEZ GONZALEZ (P)
ARTICLE V I	NITIAL REGISTERED AGENT AND STREET ADDRESS:
	la street address (PO Box not acceptable) of the registered agent is:
	ANIA DE LA C MARQUEZ GONZALEZ
	3408 SW 8ST
	MIAMI, FL 33135:
	DEC.
ARTICLE VI D	NCORPORATOR: The name and address of the Incorporator is:
IDAN	IA DE LA C MARQUEZ GONZALEZ

MIAMI, FL 33135

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

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 \$.817.155, F.S.

Incorporator

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