sion of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 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:			
CRIOYY	MUUI CSS.			

FLORIDA PROFIT/NON PROFIT CORPORATION **OPEN SCALE. CORP**

Certificate of Status	0		
Certified Copy	1		
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPÓRATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

Open Scale, Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 16905 SW 107th CT Miami, FL, 33157
ARTICLE IV INITIAL DIRECTORS AND (OR CO.)
Hector Eduardo Pons Sague (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: Hector Educado Pons Saque
16905 3W 107th CT Finani, FL, 33.157
ARTICLEVI INCORPORATOR: The name and address of the Incorporator is: Hector Educado Pons Sague 16905 SW 107th CT
Miami, FL, 33157

EIN: 99-2464870

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 4/23/2

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

___Z_ Cate