P24000068221

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000368974 3)))

H240003689743ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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:____________________

2024 NOV -5 PM 1:23
SECRETARY OF STATE
TALLAHASSEE

FLORIDA PROFIT/NON PROFIT CORPORATION
1ST CHOICE MARKETING SERVICES, INC

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

RECEIVED
2024 NOV -5 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu   Corporate Filing Menu   Help

MS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

1st Choice Marketing Services, Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

7750 SW 117 Ave # 204
Miami FL 33183

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Kimberly Navas President
Neily Cabrera Vice President

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Kimberly Navas
960 W 33rd Pl Hialeah FL 33012

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Kimberly Navas
960 W 33rd Pl Hialeah FL 33012

ubmit
e false
ird de

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: 10-28-24

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: 10-28-24

FILED
2024 NOV -5 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA