Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

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:____

FLORIDA PROFIT/NON PROFIT CORPORATION R-MONTESINO SERVICES, INC

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

ARTICLE II PRINCI	PAL OFFICE;
The principal street address and	d mailing address is:
27355 <u>SW 135 AVENUE RD</u>	
HOMESTEAD, FL 33032	
ARTICLE III SHARES: The number of share	
ARTICLE IV INITIAL DIRECTO	DRS AND/OR OFFICERS:
BORIS ROOFE MONTEGING (P)	
27355 SW 136 AVENUE DO	
HOMESTEAD EL 22000	
	ENT AND STREET ADDRESS:
The name and Florida street address (PO Box not	acceptable) of the registered agent is:
27355 <u>SW 135 AVENUE RD</u>	
HOMESTEAD, FL 33032	
ARTICLE VI . INCORPORATOR: The nam	e and address of the Incorporator is
BORIS ROQUE MONTESINO	
27355 <u>SW 135 AVENUE RD</u>	.
HOMESTEAD EL 33032	

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

Incorporator