

P97000079095
TRANSMITTAL LISTED

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: DATA STORAGE SOLUTIONS, INC.

(Proposed corporate name - must include suffix)

800002290338-1
-09/11/97--01065--010
*****70.00 *****70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

LUZ M. BRAVO

Name (Printed or typed)

3060 NORTH WEST 16TH STREET

Address

MIAMI, FL. 33125

City, State & Zip

305-638-0127

Daytime Telephone number

SEP 12

BSB

FILED
97 SEP 11 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

DATA STORAGE SOLUTIONS, INC.

ARTICLE II

The principal place of business and mailing address of this corporation shall be:

3060 NORTH WEST 16TH STREET
MIAMI, FL 33125

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES COMMON STOCK

ARTICLE IV

The name and Florida street address of the initial registered agent are:

LUZ M. BRAVO
3060 NORTH WEST 16TH STREET
MIAMI, FL 33125

ARTICLE V

The name and address of the incorporator to these Articles of Incorporation are:

LUZ M. BRAVO
3060 NORTH WEST 16TH STREET
MIAMI, FL 33125

Luz M. Bravo
Signature/Incorporator

9/5/97
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Luz M. Bravo
Signature/Registered Agent

9/5/97
Date

FILED
97 SEP 11 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA