## P98000044543

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

SECRETARY OF STATEONS
IN SION OF CORPORATIONS

ŕ			
SUBJECT:	VR Services,		
	(Proposed corporate name - must include suffix)		
		1	.00002523; -05/14/980; ****122.50
Enclosed is an origin	al and one(1) copy of the articles	s of incorporation and a o	check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	(4)\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL COPY REQUIRED	
FROM:	Jose R. Log Name (P	rinted or typed)	
18093 S.W. 135 Ave.			
Miami, FL. 33177 City, State & Zip  (305) 7/0-5357 or 233-9/02  Daytime Telephone number			

AUTHORIZATION BY PHONE TO CORRECT UPP, Jame DATE DOC. EXAM US

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

616

## ARTICLES OF INCORPORATION

corporator

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 NAME

The name of the corporation shall be:

WR Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

At home.

18093 S.W. 135 Arenne Miami, FL. 33177

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

WALKIRIA C. LOPEZ

18093 S.W. 135 Arenne Miami, FL. 33177

ARTICLE V INCORPORATOR

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

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent Date