

TRANSMITTAL LETTER

P9900000 29528

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

000002820270--3  
-03/26/99-01095-006  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: SCHÖNHOLZ SERVICE CORP.  
(Proposed corporate name - must include suffix)

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 of Status

☐ \$78.75 Filing Fee & Certified Copy  
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: FLAVIO DARIO SCHONHOLZ  
Name (Printed or typed)

4297 FOX RIDGE DR.  
Address

WESTON, FL 33331  
City, State & Zip

(954) 217-9115  
Daytime Telephone number

FILED  
99 MAR 26 PM 12:15  
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 NAME

The name of the corporation shall be:

FUSION SERVICE CORP.

### ARTICLE II PRINCIPAL OFFICE

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

4297 FOX RIDGE DR.  
WESTON, FL 33331

### 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:

FLAVIO DARIO SCHONHOLZ  
4297 FOX RIDGE DR. WESTON, FL 33331

### ARTICLE V INCORPORATOR

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

Same as Article IV

Signature/Incorporator

Date

(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