Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORDA PROFIT/NON PROFIT CORPORATION LIAN SOFT SOLUTIONS CORP.

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N. SAMS

FEB 22 2018

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I NAME The name of the corporat | ion shall be:LIAN SOFT SOLUTION | IS CORP. | |
|--|---------------------------------|------------------------|-------------------------|
| ARTICLE IT PRINC 7001 W 35 AVE UNIT 211 | Principal street address | Mailing add | ress, if different is: |
| HIALEAH, FL 33018 | | | |
| ARTICLE III PURPO The purpose for which the | | ND ALL LAWFUL BUSINESS | |
| | | | 7 × 3 |
| | | | |
| | | | Sign N |
| | | | F. 3 m |
| ARTICLE IV SHARI The number of shares of | ES SHARES: 100 stock is: | | 3: 02 10:02 10:03 |
| | I. OFFICERS AND/OR DIRECTORS | | |
| Name and Title | IOSMEL RODRIGUEZ (P/S/D) | Name and Title: | |
| Address | 7001 W 35 AVE | Address: | |
| | UNIT 211 | | |
| | HIALEAH, FL 33018 | | |
| Name and Title | | Name and Title: | |
| Address | | | . |
| | | | |
| | | | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
| | | | |
| | | | |

| Name an | d Title: | Name and Title: |
|------------------------------------|---|--|
| Address | | Address: |
| | | |
| ARTICLE VI | REGISTERED AGENT | 113 - 53 1 |
| The name and F | orida street address (P.O. Box NOT accepta IOSMEL RODRIGUEZ | ole) of the registered agent is. |
| Address: | 7001 W 35 AVE. UNIT 211 | |
| 71444035. | HLALEAH, FL 33018 | |
| ARTICLE VII | <u>INCORPORATOR</u> | 18 FEB |
| The name and a | ddress of the Incorporator is: | AS:2 |
| Name: | IOSMEL RODRIGUEZ | |
| Address: | 7001 W 35 AVE. UNIT 211 | EB 21 PK 3: 0 |
| | HIALEAH, FL 33018 | |
| Effective date if | EFFECTIVE DATE: Other than the date of filing: Inte is listed, the date must be specific and | - (OPTIONAL) cannot be more than five days prior or 90 days after the |
| Note: If the date the document's e | e inserted in this block does not meet the appl ffective date on the Department of State's rec | icable stanttory filing requirements, this date will not be listed a cords. |
| this certificate, I | am familiar with and accept the appointmen | process for the above stated corporation at the place designated as registered agent and agree to act in this capacity |
| | Losalt | 2/20/2018 |
| | Required Signature/Registered Age | nt Date |
| I submit this document to the | cument and affirm that the facts stated here Department of State constitutes a third degre | in are true. I am aware that the false information submitted i e felony as provided for in s.817.155, F.S. |
| | John | 2/20/2018 |
| Regu | ired Signature/Incorporator | Date |