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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 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.

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FLORIDA PROFIT/NON PROFIT CORPORATION IT CLINIC SOLUTIONS CORP

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

IT Clinic solutions Corp	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
8724 SW 72 Stree+ #175	
MIami, FI 33173	
ARTICLE III SHARES: The number of shares of stock is:	
ACTION 111. SITEMES: THE MUMBER OF STOCK 15:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Eliel Valero Mortausek (P)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Eliel Valero Matousek	
8724 SW 72 Street #175	
Migmi, FL 38173	
ADDIVOVE III. INCOMMON (MON MAN)	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: EliCI VOICTO MOTOUSCIC	
8724 SW 72 street #1	15
Miami FC 33173	

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

Régistèred Agent O9/15/18

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 third degree felony as provided for in s.817.155, F.S.

Incorporator O9/15/18