

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

BH IP Networks, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3389 SHERIDAN STREET

3389 SHERIDAN STREET

HOLLYWOOD, FL 33021

HOLLYWOOD, FL 33021

ARTICLE III PURPOSE

NETWORKING

The purpose for which the corporation is organized is: _____

To engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES

200 NPV

The number of shares of stock is: _____

2020-06-02 PM 3:43

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MORE KAREN, Director Name and Title: _____

Address: 3389 SHERIDAN STREET Address: _____

HOLLYWOOD, FL 33021 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MORE KAREN
 Address: 3389 SHERIDAN STREET
HOLLYWOOD, FL 33021

201. 2-2 PM 3:43

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MORE KAREN
 Address: 3389 SHERIDAN STREET
HOLLYWOOD, FL 33021

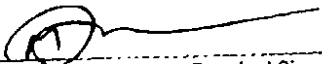
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

X  _____
 Required Signature/Registered Agent

2/24/2020
 Date

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.

X  _____
 Required Signature/Incorporator

2/24/2020
 Date