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Division of Corporations

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
INNOVAVION Y SOPORTE EN IMPRESION, SA DE CV INC

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Corporate Filing Menu

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S. CHATHAM

FEB 24 2022

1/1

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: INNOVAVION Y SOPORTE EN IMPRESION, SA DE CV INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

527 ROYAL PLAZA DRFT. LAUDERDALE, FL 33301**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SABITA DAS (P)

Name and Title: _____

Address 527 ROYAL PLAZA DR

Address: _____

FT. LAUDERDALE, FL 33301

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: SABITA DAS
 Address: 527 ROYAL PLAZA DR
FT. LAUDERDALE, FL 33301

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: SABITA DAS
 Address: 527 ROYAL PLAZA DR
FT. LAUDERDALE, FL 33301

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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 days prior or 90 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*

/s/ Sabita Das _____
 Required Signature/Registered Agent 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.

/s/ Sabita Das _____
 Required Signature/Incorporator Date