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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6361

From: Account Name : WISE TAX FIRM INC.
Account Number : T36210000018
Phone : (786)520-0001
Fax Number : (786)227-6631

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ONE IT SOLUTIONS CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	

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ARTICLES OF INCORPORATION

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In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

ONE IT SOLUTIONS CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

2423 SW 147TH AVE

SUITE # 394

MIAMI FL 33185

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

JORGE FABIO SUAREZ SANCINENA- PRESIDENT

2423 SW 147TH AVE

SUITE # 394

MIAMI FL 33185

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

JORGE FABIO SUAREZ SANCINENA

2423 SW 147TH AVE SUITE # 394

MIAMI FL 33185

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

JORGE FABIO SUAREZ SANCINENA

2423 SW 147TH AVE SUITE # 394

MIAMI FL 33185

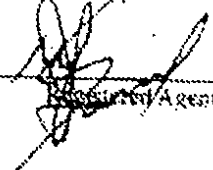
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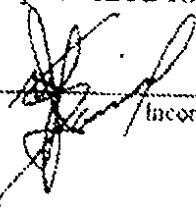
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Required Signatures:

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

 Registered Agent
08/24/2023
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.

 Incorporator
08/24/2023
Date

FALL ASSISTANT CLERK
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