# P06000071161

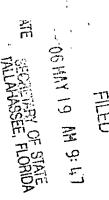
| (Re                     | questor's Name)    |           |
|-------------------------|--------------------|-----------|
| (Ad                     | dress)             |           |
| (Ad                     | dress)             |           |
| (Cit                    | ry/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Name | e)        |
| (Do                     | cument Number)     |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

Office Use Only



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# **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: MOR-VALUE SOLUTIONS, CORP.   |                                     |                            |                                 |  |
|---------------------------------------|-------------------------------------|----------------------------|---------------------------------|--|
|                                       | (PROPOSED CORPORAT                  | TE NAME – <u>MUST INCL</u> | UDE SUFFIX)                     |  |
|                                       |                                     |                            |                                 |  |
|                                       |                                     |                            |                                 |  |
| Enclosed are an orig                  | ginal and one (1) copy of the artic | cles of incorporation and  | a check for:                    |  |
| [                                     |                                     | <b>✓</b> \$78.75           | □ \$87.50                       |  |
| \$70.00                               | S78.75                              |                            |                                 |  |
| Filing Fee                            | Filing Fee                          | Filing Fee                 | Filing Fee,                     |  |
|                                       | & Certificate of Status             | & Certified Copy           | Certified Copy & Certificate of |  |
|                                       |                                     |                            | Status                          |  |
| ADDITIONAL COPY REQUIRE               |                                     |                            |                                 |  |
|                                       |                                     |                            |                                 |  |
|                                       |                                     |                            |                                 |  |
|                                       |                                     |                            |                                 |  |
| EDOM: O                               | ctavio Miguel Rueda                 |                            |                                 |  |
| Name (Printed or typed)               |                                     |                            |                                 |  |
| · · · · · · · · · · · · · · · · · · · |                                     |                            |                                 |  |
| 8610 N. Sherman Circle, Unit 104      |                                     |                            |                                 |  |
| Address                               |                                     |                            |                                 |  |
|                                       |                                     |                            |                                 |  |
|                                       | Miramar, FL 33025                   |                            |                                 |  |
|                                       | -                                   | State & Zip                | <del></del>                     |  |
|                                       |                                     |                            |                                 |  |
|                                       | 954-662-2987                        |                            |                                 |  |
| Daytime Telephone number              |                                     |                            |                                 |  |

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

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

FILED

06 MAY 19 AM 9: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE I NAME

The name of the corporation shall be:

' MOR-VALUE SOLUTIONS, CORP.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8610 N. Sherman Circle, Suite 104 Miramar, FL 33025

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide value-added real estate & investment services.

#### ARTICLE IV SHARES

The number of shares of stock is:

100

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

O. Miguel Rueda, President 8610 N. Sherman Circle, Suite 104 Miramar, FL 33025

#### ARTICLE VI REGISTERED AGENT

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

O. Miguel Rueda 8610 N. Sherman Circle, Suite 104 Miramar, FL 33025

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Miguel Rueda 8610 N. Sherman Circle, Suite 104 Miramar, FL 33025

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 anti-accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date/

Date