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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To:  
Division of Corporations  
Fax Number : (850) 205-0381

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**ALMIGHTY BUSINESS SOLUTIONS, CORPORATION.**

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**ARTICLES OF INCORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, THE UNDERSIGNED, SUBSCRIBER TO THESE ARTICLES FOR THE  
FORMATION OF A CORPORATION UNDER THE LAWS OF THE STATE OF  
FLORIDA PURSUANT TO THE FLORIDA GENERAL CORPORATION ACT.

**ARTICLE I**

**CORPORATE NAME**

THE NAME OF THIS CORPORATION SHALL BE ALMIGHTY BUSINESS  
SOLUTIONS, CORPORATION.

**ARTICLE II**

**PRINCIPAL OFFICE**

THE INITIAL ADDRESS OF THE PRINCIPAL OFFICE OF THIS CORPORATION  
IN THE STATE OF FLORIDA IS:

171 NW 97 AVE  
APT 503  
MIAMI, FL 33172

THE BOARD OF DIRECTORS MAY FROM TIME TO TIME MOVE THE  
PRINCIPAL OFFICE OF THIS CORPORATION TO ANY OTHER ADDRESS IN  
FLORIDA.

**ARTICLE III**

**NATURE OF CORPORATE BUSINESS**

THIS CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS  
PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF  
FLORIDA.

**PREPARED BY:**

OIKONOMOS ACCOUNTING CORP.  
10200 NW 25<sup>TH</sup> ST  
STE 116  
MIAMI, FL 33172

**ARTICLE IV**

**CAPITAL STOCK AND INITIAL CAPITAL**

THIS CORPORATION SHALL BE AUTHORIZED TO HAVE A MAXIMUM OF FIVE HUNDRED (500) SHARES OF STOCKS OUTSTANDING AT ANY GIVEN TIME. THE SHARES OF STOCK AUTHORIZED SHALL HAVE A PAR VALUE OF ONE DOLLAR (\$1.00). THE AMOUNT OF CAPITAL WITH WHICH THIS CORPORATION SHALL BEGIN BUSINESS SHALL BE ONE HUNDRED AND 00/00 (\$100.00) DOLLARS.

**ARTICLE V**

**DIRECTORS**

THIS CORPORATION SHALL HAVE TWO DIRECTORS INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED, OR DIMINISHED, FROM TIME TO TIME, BY BY-LAWS ADOPTED BY THE STOCKHOLDERS.

LIENARDE GOMES  
RODRIGO CORREA ALVES

PRESIDENT  
PRESIDENT

**ARTICLE VI**

**REGISTERED AGENT**

THE REGISTERED AGENT OF THIS CORPORATION SHALL BE:

LIENARDE GOMES  
171 NW 97 AVE  
APT 503  
MIAMI, FL 33172

**ARTICLE VII**

**SUBSCRIBERS**

THE NAMES AND ADDRESSES OF THE SUBSCRIBERS/INCORPORATORS OF THESE ARTICLES OF INCORPORATION ARE:

LIENARDE GOMES  
171 NW 97 AVE  
APT 503  
MIAMI, FL 33172

RODRIGO CORREA ALVES  
171 NW 97 AVE  
APT 503  
MIAMI, FL 33172

**ARTICLE VIII**

**DURATION AND BEGINNING OF CORPORATE EXISTENCE**

THIS CORPORATION IS TO EXIST PERPETUALLY. THE CORPORATE EXISTENCE OF THIS CORPORATION SHALL BEGIN JULY 14, 2006.

**ARTICLE IX**  
**STOCKHOLDERS**

THIS CORPORATION SHALL HAVE THE FOLLOWING STOCKHOLDERS:

NAME	PERCENTAGE OF OWNERSHIP
LIENARDE GOMES	50%
RODRIGO CORREA ALVES	50%

**ARTICLE X**  
**PREEMPTIVE RIGHTS**

SHOULD ANY STOCKHOLDER WISH TO DISPOSE OF HIS STOCK IT SHALL FIRST BE OFFERED TO THE REMAINING STOCKHOLDERS, AT A PRICE NO GREATER THAN A BONA-FIDE OFFER BY ANY THIRD PERSON, AND SAID SHALL BE AVAILABLE FOR A PERIOD OF NINETY (90) DAYS TO SUCH REMAINING STOCKHOLDERS. IN THE EVENT THAT ANY OF SAID STOCK IS NOT PURCHASED BY ANY OF THE REMAINING STOCKHOLDERS WITHIN NINETY (90) DAYS OF THE OFFER, SAID STOCK MAY THEN BE SOLD BY THE STOCKHOLDER TO A THIRD PERSON APPROVED BY THE OTHER SHAREHOLDERS.

**ARTICLE XI**  
**AMENDMENT**

THESE ARTICLES OF INCORPORATION MAY BE AMENDED IN THE MANNER PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED BY THE BOARD OF DIRECTORS, PROPOSED BY THEM TO THE STOCKHOLDERS AND APPROVED AT A STOCKHOLDERS MEETING BY A MAJORITY OF THE STOCK ENTITLED TO VOTE THEREON.

**ARTICLE XII**

THE STOCK OF THIS CORPORATION MAY BE ISSUED PURSUANT TO THE PROVISIONS OF SECTION 1244 OF THE INTERNAL REVENUE CODE, SO THAT THE STOCKHOLDERS OF THE CORPORATION MAY RECEIVE THE BENEFITS PROVIDED THEREUNDER.

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THE 14<sup>TH</sup> OF JULY, 2006.

  
LIENARDE GOMES

  
RODRIGO CORREA ALVES

**ACKNOWLEDGMENT**

HAVING BEEN NAMED ABOVE AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

  
LIENARDE GOMES