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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

ARTICLES OF INCORPORATION

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SECRETARY OF STATE

AND ANASSES FLE

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

collection Hanagement Services Corp.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

18520 NW 67 ADR # 175 Miami 71 33015.

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Claudia Patricia Londono. 18520 pou 67 Ave #175. Miami #1 33015.

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:
185 20 NW 67 AUE 19175
Miomi #1 33015
The undersigned incorporator has executed these Articles of Incorporation this \(\sigma\) day of \(\cap \cop \cap \cap \cap \cap \cap \cap \cap \ca
Shula Flondons I
Signature

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

18520 NW 67 Ave Nº 175 Miomi 713305 Claudia Padricia Londoño (P)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature