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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2008 MAY -5 A 11: 26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5-6-08  
25

## COVER LETTER

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

**SUBJECT:** BIG BROTHER SOLUTION INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** BIG BROTHER SOLUTION INC  
Name (Printed or typed)

1110 BRICKELL AVE, SUITE 200  
Address

MIAMI, FL 33133  
City, State & Zip

772-621-0935 / 786-457-6391  
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)

### ARTICLE I NAME

The name of the corporation shall be:

Big Brother Solution Inc

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1110 Brickell Avenue, Suite #200  
Miami, FL 33133

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any and all lawful business or activity permitted under the laws of the United States and the State of Florida.

### ARTICLE IV SHARES

The number of shares of stock is:

1000 share AT 0.50 PAR VALUE COMMON STOCK

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT - FAVIO ALARCON  
234 NE 3 STREET, APT #409  
MIAMI, FL 33132

VICE PRESIDENT- JUAN RODAS  
234 NE 3 STREET, APT #409. MIAMI FL 33132

### ARTICLE VI REGISTERED AGENT

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

FAVIO ALARCON  
234 NE 3 STREET, APT #409  
MIAMI, FL 33132

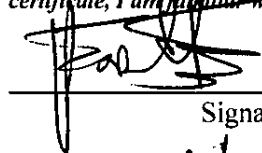
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JM ACCOUNTING SERVICES  
5030 W 8 AVENUE  
HIALEAH, FL 33012

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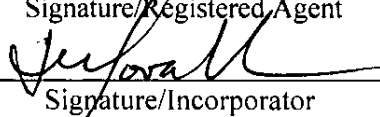
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

04/30/08

Date



Signature/Incorporator

04/30/08

Date

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TALLAHASSEE, FLORIDA