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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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FLORIDA PROFIT/NON PROFIT CORPORATION **G2 IT SOLUTIONS, INC.**

Certificate of Status	0		
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EMPIRE CORP KIT

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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a Profit Corporation under chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be:

G2 IT SOLUTIONS, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation shall be:

8567 CORAL WAY #113 MIAMI, FL 33155

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shal have authority to issue is 100 shares common stock having \$1.00 individual par value.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

GUIDO E. GARCIA 8567 CORAL WAY #113 MIAMI, FL 33155

ARTICLE VII

The name and address of the board of directors shall be:

PRESIDENT
GUIDO E. GARCIA
8567 CORAL WAY #113
MIAMI, FL 33155

ARTICLE VIII

The name and address of the incorporator(s) to these Article of Incorporation shall be:

GUIDO E. GARCIA 8567 CORAL WAY #113 MIAMI, FL 33155

The undersigned has executed these Articles of Incorporation this 17TH Day of OCTOBER 2012.

NCORPORATOR Signature

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

G2 IT SOLUTIONS, INC.

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in the articles of incorporation, I hereby accept the appointment as Registered Agent and agree 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

SECKED-BY OF STATE FALLAHASSEE BY OBJECT.

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