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Florida Department of State
Division of Corporations
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To: Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
G2 IT SOLUTIONS, INC.

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Page Count	04
Estimated Charge	\$78.75

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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.

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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 shall 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.



**INCORPORATOR
Signature**

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**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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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