

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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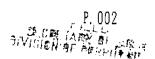
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**Enter the email address for this business entity to be used for fuller annual report mailings. Enter only one email address please. **

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FLORIDA PROFIT/NON PROFIT CORPORATION EXCELLENT MANAGEMENT SOLUTIONS, CORP.

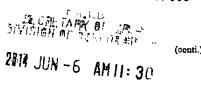
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| 2114 | JUN | -6 | AHI | 1: | 30 |
|------|-----|----|------|----|----|
|) | OUM | -0 | AH I | 1: | 3/ |

| ARTICLE I NAM The name of the corporat | TE tion shall be: EXCELLENT MANA | AGEMENT | SOLUTIONS, CORP. |
|---|---|------------------|--|
| ARTICLE II PRI | <u>NCIPAL OFFICE</u> Principal <u>street</u> address | | Mailing address, if different is: SW 12 AVE |
| 434 SW 12 | AVE | | |
| STE: 102 | | | : 102 |
| MIAMI, FL 3 | 33130 | MIA | MI, FL 33130 |
| ARTICLE III PUR. The purpose for which to | POSE he corporation is organized is: ANY AN | ND ALL LAV | VFUL BUSINESS |
| F 1 | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| ARTICLE IV SHA The number of shares of | IRES stock is: | | |
| ARTICLE V INT | TIAL OFFICERS AND/OR DIRECTO | <u>R.S</u> | () (D) 1 1 HO A 1 INAA |
| Name and Title | | _ Name and Titl | (VP) LUIS A LIMA |
| Address | 434 SW 12 AVE | Address: | 434 SW 12 AVE |
| | STE: 102 | _ | STE: 102 |
| | MIAMI, FL 33130 | _ | MIAMI, FL 33130 |
| Name and Title: | | Name and Title | b: |
| Address | | — Address: | |
| Actions | | | |
| | | - | |
| | | - | |
| Name and Title: | | _ Name and Title | e: |
| Address | | Address: | |
| | • | ··· | |



| Name a | and Title: N | ame and Title: |
|---------------------|--|----------------------|
| Addre | ssA | ddress: |
| | | |
| | | |
| | • | |
| ARTICLE VI | REGISTERED AGENT | |
| The name and | Florida street address (P.O. Box NOT acceptable) of the | registered agent is: |
| Name: | EUGENIO LLAMERA | |
| Address: | 434 SW 12 AVE STE: 102 | |
| | MIAMI, FL 33130 | |
| | | |
| <u>ARTICLE VII</u> | I INCORPORATOR | |
| The <u>name and</u> | address of the Incorporator is: | |
| Name: | MARTHA O LIMA | |
| Address: | 434 SW 12 AVE STE: 102 | |
| | MIAMI, FL 33130 | |
| | amed as registered agent to accept service of process for I am familiar with and accept the appointment as registe | |
| | Eugenio Ulamera | JUNE 5, 2014 |
| | Required Signature/Registered Agent | Date |
| | ocument and affirm that the facts stated herein are true e Department of State constitutes a third degree felony as | |
| | Mariha O Lima | JUNE 5, 2014 |
| | Required Signature/Incorporator | Date |