

JUN/06/2014/FRI

11:31 AM

FAX No.

001

6/6/2014

Division of Corporations

P14000049122

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

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Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
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Email Address: \_\_\_\_\_

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

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

STATE  
TALLAHASSEE, FLORIDA

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P.002  
SECRETARY OF STATE  
DIVISION OF CORPORATE & BUSINESS SERVICES

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

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**ARTICLE I NAME**  
The name of the corporation shall be: EXCELLENT MANAGEMENT SOLUTIONS, CORP.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

434 SW 12 AVE  
STE: 102  
MIAMI, FL 33130

Mailing address, if different is:

434 SW 12 AVE  
STE: 102  
MIAMI, FL 33130

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: (PST) MARTHA O LIMA  
Address: 434 SW 12 AVE  
STE: 102  
MIAMI, FL 33130

Name and Title: (VP) LUIS A LIMA  
Address: 434 SW 12 AVE  
STE: 102  
MIAMI, FL 33130

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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DIVISION OF CORPORATE AFFAIRS

(cont.)

2014 JUN -6 AM 11:30

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARTHA O LIMA  
Address: 434 SW 12 AVE STE: 102  
MIAMI, FL 33130

*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*

*Eugenio Llamera*

JUNE 5, 2014

\_\_\_\_\_  
Required Signature/Registered Agent

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

*Martha O Lima*

JUNE 5, 2014

\_\_\_\_\_  
Required Signature/Incorporator

\_\_\_\_\_  
Date