Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
           Account Name    : LAZARUS CORPORATE FILING SERVICE, INC.
           Account Number  : I20000000019
           Phone           : (305)552-5973
           Fax Number      : (305)675-5944
```

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
REMEDIATE MITIGATE, INC

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

H 1 4 0 0 0 î 6 0 2 1 1

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

ARTICLE I   NAME: The name of the corporation is:

REMEDiAte MitiGAte , INC

ARTICLE II   PRINCIPAL OFFICE:

The principal street address and mailing address is:

4525 NW 25 AVE

Miami Fl 33142

ARTICLE III   SHARES: The number of shares of stock is: ___100___

ARTICLE IV   INITIAL DIRECTORS AND/OR OFFICERS:

Danys Arteaga   (P)

ARTICLE V   INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

DANYS   ARTEAGA

4525   NW   25 AVE

MIAMI   FL   33142

ARTICLE VI   INCORPORATOR: The name and address of the Incorporator is:

DANYS   ARTEAGA
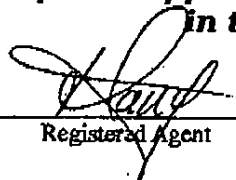
4525   NW   25 AVE

MIAMI   FL   33142
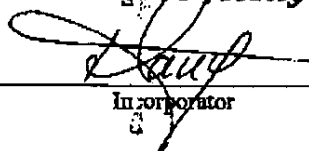
Required Signatures:

*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*

_____   7-3-14
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.*

_____   7-3-14
Incorporator   Date

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