Division of Corporations Electronic Filing Cover Sheet

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(((H140002604973)))



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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: |  |  |  |  |
|-------|----------|--|--|--|--|
|       |          |  |  |  |  |

14 NOV -7 PM 3: 18 SECRETARY OF STATE LLAMASSEE, FLORIDA

## FLORIDA PROFIT/NON PROFIT CORPORATION BUSINESS SOLUTION I INC

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

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## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

H14000260497

| ARTICLE I NAME: The name of the corporation is:   |
|---|
| Business Solution I Inc   |
| ARTICLE II PRINCIPAL OFFICE:  |
| The principal street address and mailing address is:  |
| #109  |
| Doral FL 33118  |
| ARTICLE III SHARES: The number of shares of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \         |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:  Christian Pablo Menna (P)  Jorge Alberto Franco (VP) |
|   |
|   |
|   |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:  |
| The name and Florida street address (PO Box not acceptable) of the registered agent is:             |
| 6010 NW 99 AVE #109   |
| Doral FL 33178  |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:                               |
| Christian Pablo Menna   |
| 10010 NW 99 Ave #109  |
| Daral F1 22178  |



APPROVEL #4142 P. 003/003

14 NOV -74 PM 12: 28 6 04 9 7

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

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 third degree felony as provided for in s.817.155, F.S.