

PIB 000020720

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305)803-2736
Fax Number : (305)381-2286

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
M & M MONGE SERVICES, INC.

Certificate of Status	0
Certified Copy	0
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TLH

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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**ARTICLE VI
INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JOSE M. MONGE
616 N.W. 26 AVE. #304
MIAMI, FL. 33125

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

04 day of MARCH, 2016.



Signature

**ARTICLE VII
OFFICER(S) AND DIRECTOR(S)**

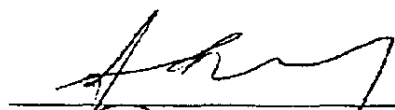
The name(s) and street address(es) of the officer(s) and director(s) to these Articles of Incorporation is(are):

JOSE M. MONGE
616 N.W. 26 AVE. #304
MIAMI, FL. 33125


DIRECTOR & PRESIDENT

MARLENIS D. CRUZ
616 N.W. 26 AVE. #304
MIAMI, FL. 33125

DIRECTOR & VICE PRESIDENT
& SECRETARY



Signature



Signature

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

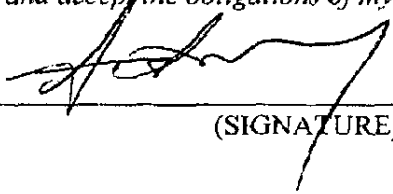
1. The name of the corporation is: M & M MONGE SERVICES, INC.

2. The name and address of the registered agent and office is:

JOSE M. MONGE
616 N.W. 26 AVE. #304
MIAMI, FL. 33125

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as

registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

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TALLAHASSEE FLORIDA
(DATE) 03-04-2015