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To:

Division of Corporations

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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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THE STATE OF THE S
FLORIDA PROFIT/NON PROFIT CORPORATION
RIG DEALS 4REAL, INC

Certificate of Status	0
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VECULA SECULATION OF STATE

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

ARTICLE I NAME The name of the corpora	BIG DEALS of the shall be:	4REAL, INC	
ARTICLE II PRING		Mailing addres	s, if different is:
N. ST, PETERSBURG	33716		
ARTICLE III PURP. The purpose for which	OSE the corporation is organized is:	ND ALL LAWFULL BUSINESS	
			5 50
* 4 * ********************************			E
	· · · · · · · · · · · · · · · · · · ·		<u> </u>
ARTICLE IV SHAR The number of shares of	stock is:	ALUE.	2 STATE 2007 PH 12: 18
Name and Titl	AL OFFICERS AND/OR DIRECTORS c: VALENTINA ESPOSITO. PD.	Name and Title:	
Address	11661 4TH STREET	Address:	
	N. ST. PETERSBURG, FL 33716		
Name and Title		Name and Title:	
Address		Address:	
Name and Title	; <u></u>	Name and Title:	
Address		Address:	,

Name an	d Title:	Name and Title:	
Address		Address:	
			
	THE STATE OF THE S		
ARTICLE VI	REGISTERED AGENT		
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable	c) of the registered agent is:	
Name:	VALENTINA ESPOSITO. PD.	_	. 5
Address:	11601 4TH STREET	5	ديا ئي س
	N. ST. PETERSBURG , FL 33716	& &	
ARTICLE VII	<u>INCORPORATOR</u>	Tā.	
The name and ad	dress of the Incorporator is:	<u> </u>	. 12
Name:	VALENTINA ESPOSITO, PD.		
Address:	11601 4TH STREET)
	N. ST. PETERSBURG , FL 33716	· 	
Effective date, if			onsiness
Note: If the date the document's ef Having been name	inserted in this block does not meet the application of State's reconnect as registered agent to accept service of pro-	cess for the above stated corporation at the place de	
this certificate, I d	on familiar with and accept the appointment a	registered agent and agree to act in this capacity	
pholosu	Required Signature/Registered Agent	08/15/2016	
V		Date	
	ument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the false information sub- dony as provided for in s.817.155, F.S.	ntued in a
	Format	08/15/2016	
Requir	red Signature/Incorporator	Date	