Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H16000208226 3)))

H160002082263ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.

Account Number : I19990000017

Phone Fax Number : (305)485-9300 : (305)485-1098

**Enter	the	email	address	for	this	busin	ess	entity	to	be (used	for	future
an	nual	repor	t mailin	gs.	Enter	only	one	email	addı	ress	ple	ase.	**

Address:							
	Address:						

FLORIDA PROFIT/NON PROFIT CORPORATION A, A, b solutions, corp.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

AUG 2 6 2016

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

ŝ

ARTICLES OF INCORPORATION

OF

A.A.D SOLUTIONS, CORP.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the underrighed as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

A.A.D SOLUTIONS, CORP.

ARTICLE !

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Said corporation shall further have powers:

To have perpetual succession by its corporate name:

A.A.D SOLUTIONS, CORP.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10,00

Unless otherwise stated in these articles, or in an amendment to these articles,

16 AUG 25 AM 8: 10

CLARA (HRALDO P.A. 4080 SV/ 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300 there shall be only one (1) class of stock of this corporation

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

ALEJANDRA ARRAEZ 9044 W ATLANTIC BLVD. APTO 314 CORAL SPRINGS, FL 33071

The principal office shall be:

9044 W ATLANTIC BLVD. APTO 314 CORAL SPRINGS, FL 33071

ARTICLE VI

The initial Board of Directors shall consist of a total of ONE (01)person, and the name and address of the persons who is to serve as initial directors is:

ALEJANDRA ARRAEZ 9044 W ATLANTIC BLVD. APTO 314 CORAL SPRINGS, FL 33071

PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

ALEJANDRA ARRAEZ 9044 W ATLANTIC BLVD. APTO 314 CORAL SPRINGS, FL 33071

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of incorporation this 24 day of AUGUST, 2016.

ALEJANDRA ARRAEZ

CLARA GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, PL 33155 PH.: (305) 485-9300

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 807.0501 or 617.0501, 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:

A.A.D SOLUTIONS, CORP.

2. The Name and Address of the registered agent and office is:

ALEJANDRA ARRAEZ 9044 W ATLANTIC BLVD, APTO 314 CORAL SPRINGS, FL 33071

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

Date: August 24, 2016

CLARA GHALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300