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**FLORIDA PROFIT/NON PROFIT CORPORATION  
593 ARCH & DESIGN SOLUTIONS, INC.**

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FLORIDA DEPARTMENT OF STATE  
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## **ARTICLES OF INCORPORATION.**

The undersigned incorporator(s), for the purpose of forming under the Florida Business Corporation Act. Hereby adopt(s) the following Articles of Incorporation:

### **ARTICLE I-NAME:**

**593 ARCH & DESIGN SOLUTIONS, Inc.**

### **ARTICLE II-PRINCIPAL OFFICE:**

The principal business address of this corporation shall be:

**6101 Blue Lagoon Drive Suite #150, Miami FL-33126.**

The mailing address of this corporation shall be:

**6101 Blue Lagoon Drive Suite #150, Miami FL-33126.**

### **ARTICLE III, SHARES:**

The number of SHARES OF STOCK, that this corporation authorized to have outstanding at any one time is :

**--- 100 SHARES COMMON STOCK, NO PAR VALUE ---**

### **ARTICLE IV, INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and address of the initial registered agent is:

**RIBER C LINARES, 7455 WEST FLAGLER STREET, MIAMI FL-33144**

### **ARTICLE V, INCORPORATOR:**

The name and address of the incorporator to these Articles of Incorporation is;

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**PATRICIO FERNANDO ANDRADE ESTRELLA**, 6101 Blue Lagoon  
Drive Suite #150, Miami FL-33126

The undersigned incorporator has executed these Articles of Incorporation this 21st DAY as  
September, 2016.-

SIGNATURE: 

**ARTICLE VI, DIRECTOR(S):**

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

--- **PATRICIO FERNANDO ANDRADE ESTRELLA**: PRESIDENT, 6101  
Blue Lagoon Dr. Ste. #150, Miami FL-33126

--- **XAVIER ARMANDO NORIEGA SERRANO**, DIRECTOR, 6101 Blue  
Lagoon Dr. Ste. #150, Miami FL-33126.

--- **MAGDOLY DEL ROCIO LUCIO MARTINEZ**, ADMINISTRATIVE  
MANAGER, TREASURER, 6101 Blue Lagoon Dr. Ste. #150, Miami FL-33126

**CERTIFICATION OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

Having been named as Registered Agent and to accept services of process for the above stated corporation at  
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 related to the proper and 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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