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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
RGB GLOBAL, INC.

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STATE OF FLORIDA
DIVISION OF CORPORATIONS
INFORMATION SERVICES

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TALLAHASSEE, FLORIDA

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

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ARTICLE I NAMEThe name of the corporation shall be: RGB GLOBAL, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

630 NW 195 AVENUESAMEPEMBROKE PINES, FL 33029**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: SOCIAL MEDIA & INTERNET SERVICES**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: RAMON GABRIEL BLANCO - P/T/D

Name and Title: _____

Address: 630 NW 195 AVENUE

Address: _____

PEMBROKE PINES, FL 33029

Name and Title: _____

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: RAMON GABRIEL BLANCO
Address: 630 NW 195 AVENUE
PEMBROKE PINES, FL 33029**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: RAMON GABRIEL BLANCO
Address: 630 NW 195 AVENUE
PEMBROKE PINES, FL 33029**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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*X _____ 9/1/16
Required Signature/Registered Agent Date*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 a third degree felony as provided for in s.817.155, F.S.*X _____ 9/1/16
Required Signature/Incorporator Date

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