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Division of Corporations

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From:

Account Name : ANTONIO ALONSO, PLLC.

Account Number : I20160000045 Phone : (305)606-0399 : (305)677-0192 Fax Number

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rblanco093@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION **RGB GLOBAL, INC.**

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V HERRING

ARTICLES OF INCORPORATION

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

H160002593213

ARTICLE I NAME The name of the corpora				
<u>ARTICLE II PRINC</u>	Principal street address		Mailing ad	dress, if different is:
630 NW 195 AVENU	3	_	SAME	
PEMBROKE PINES,		_		
ARTICLE III PURPO The purpose for which:		CIAL MEDIA &	INTERNET SERV	VICES
	AL OFFICERS AND/OR DIRECTO	19/1Т/ГО		
The number of shares of	AL OFFICERS AND/OR DIRECTO) E. RAMON GABRIEL BLANCO - E. 630 NW 195 A VENUE	19/1Т/ГО		
The number of shares of ARTICLE V INITE Name and Title	AL OFFICERS AND/OR DIRECTO) E. RAMON GABRIEL BLANCO - E. 630 NW 195 A VENUE	P/T/D Name :		
The number of shares of ARTICLE V INITE Name and Titl Address	AL OFFICERS AND/OR DIRECTO) RAMON GABRIEL BLANCO - 630 NW 195 AVENUE PEMBROKE PINES, FL 33029	P/T/D Name: Addres	is:	2016 SE. Naci
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Uct 19 1509, 10p Antonio Alonso, PLLO.

Address: Address: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: RAMON GABRIEL BLANCO ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: ARMON GABRIEL BLANCO 630 NW 195 AVENUE PEMBROKE PINES, FL 33029 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: G30 NW 195 AVENUE PEMBROKE PINES, FL 33029 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 busin 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 liste 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 decignation certificate, I uniformliste with and accept the appointment as registered agent and agree to act in this cupacity X Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a chird dagree felony as provided for in s.817.155, F.S. 9/1/16	. 13	Name and Title:		Name and Title:		
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