

Florida Department of State
 Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
 M SQUARED LOSS CONSULTANTS INC**

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May 17, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: M SQUARED LOSS CONSULTANTS INC

REF: W18000047218

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Carlos E Rico
Regulatory Specialist II
New Filing Section

FAX Aud. #: H18000152165
Letter Number: 618A00010296

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: M SQUARED LOSS CONSULTANTS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2280 SW 24 STMIAMI, FL 33145**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: LOSS CONSULTANT**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MICHAEL A. IRIARTE (P/S/D)

Name and Title: _____

Address

2280 SW 24 ST

Address: _____

MIAMI, FL 33145

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: AVEL A. GONZALEZ
Address: 2688 SW 137 AVE
MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL A. IRIARTE
Address: 2280 SW 24 ST
MIAMI, FL 33145

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 days prior or 90 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 and aware of the duties and responsibilities of a registered agent and agree to act in this capacity

Registered Signature/Registered Agent

5-15-2018
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 prohibited by FS 817.135, P.S.

Registered Signature/Incorporator

5/15/2018
Date