Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | | | | | |
|-------|----------|--|--|--|--|--|--|--|
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FLORIDA PROFIT/NON PROFIT CORPORATION BRITE SERVICES PB INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$78.75 |

SECRETARY OF STATE

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

| LE I NAME ne of the corpora | tion shall be: | BRITE SERVICES PB INC | | | | |
|--------------------------------|--|--------------------------|--------------------------|--|--|--|
| LE <i>II PRIN</i> O | TPAL OFFICE Principal street address | Mailing a | ddress, if different is: | | | |
| AN VITTORE S | TREET | SAME | | | | |
| WORTH, FL 33 | 467 | | | | | |
| TEIII PURP | ASE the corporation is organized is: | AGE IN ANY ACTIVITIES (| OR BUSINESS PERM | | | |
| IE LAWS OF TH | IE UNITED STATES OF AMERICA | ND FLORIDA | | | | |
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| | - | | | | | |
| CLE V INITIA | L OFFICERS AND/OR DIRECTORS MITCHELL KRIEG - PRESIDENT | No. | | | | |
| Address | 9723 SAN VITTORE STREET | Name and Title: Address: | | | | |
| Auguess | LAKE WORTH, FL 33467 | Audites. | | | | |
| | | | <u>_</u> | | | |
| | | | | | | |
| Name and Title: | · · · · · · · · · · · · · · · · · · · | Name and Title: | | | | |
| Address | | Address: | | | | |
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| Address | | Address: | | | | |
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| | , | <i>hi1</i> |
|--|--|--|
| Name i | and Title: | Name and Title: |
| Addre | | Address: |
| | | |
| | REGISTERED AGENT | |
| i ne <u>name and j</u> Name: | Florida street address (P.O. Box NOT acceptab MITCHELL KRIEG | le) of the registered agent is: |
| Address: | 9723 SAN VITTORE STREET | |
| | LAKE WORTH, FL 33467 | |
| <u>ARTICLE VII</u> | INCORPORATOR | |
| The <u>same and s</u> | ddress of the incorporator is: | |
| Name: | MITCHELL KRIEG | |
| Address: | 9723 SAN VITTORE STREET | |
| | LAKE WORTH, FL 33467 | |
| URTICLE VIII | EFFECTIVE DATE: | |
| iffective date, it If an effective (Hing.) | f other than the date of filing: date is listed, the date must be specific and ca | |
| iote: If the data he document's o | e inserted in this block does not meet the applicate inserted in this block does not meet the application of State's reconstruction. | able statutory filing requirements, this date will not be listed as rds. |
| laving been an his certificate, I | med as registered agent to accept service of pro am familiar with and accept the appointment as | cess for the above stated corporation at the place designated in a registered agent and agree to act in this capacity |
| Pulty | | 1-16-19 |
| | Required Signature/Registered Agent | Date |
| submit this document to the | cument and affirm that the facts stated herein. Department of State consiliates a third degree fi | are true. I am aware that the false information submitted in a Mony as provided for in 9.817.155. F.S. |
| Mille | | 1.1819 |
| Requ | ired Signature/Incorporator | Date |

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