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1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Email: filing@ecfsfiling.com

CORPORAT	TION NAME(S) & DOCUMENT NUM	BERS(S):		
1 Gables	IT Business	& Technology		
(CORPORATE NAME)		UMENT#)		
2. (CORPORATE NAME)	(DOC	(DOCUMENT #)		
3. (CORPORATE NAME)	(DOC	CUMENT #)		
□ Walk-In □ Pic	ck up time: Certified Copy	Certificate Of Status		
New Filings	Amendments	Other Filings		
√ Profit	Amendments	Annual Report		
Non-Profit	Resignation	Fictitious Name		
Limited Liability	Dissolution/Withdrawal	Apostille:		
Other:	Other:			
		Other:		
		<u></u>		

Examiners Initials

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

ICLE II PRI	NCIPAL OFFICE Principal street address	Mailin	Mailing address, if different is:	
BISCAYNE B	LVD STE:200			
MI. FL 33138				
TICLE III PUI purpose for which	RPOSE ch the corporation is organized is:	AND ALL LAWFULL BUSIN	VESS	
			 .	
			20 ALL	
number of shares	s of stock is: TIAL OFFICERS AND/OR DIRECTO	RS	SECRETARY OF ALLAHAS SEE. FI	
number of shares	s of stock is: TIAL OFFICERS AND/OR DIRECTO Fitle: YORDAN REMEDIO BETANCO	RS	AM IO: OF STA FLOR	
number of shares	TIAL OFFICERS AND/OR DIRECTO Fitle: 7300 BISCAYNE BLVD	RS	79 A	
Name and	TIAL OFFICERS AND/OR DIRECTO Fitle: 7300 BISCAYNE BLVD	RS DURT - PD Name and Title:	AM IO: OF STA FLOR	
Name and	TIAL OFFICERS AND/OR DIRECTO Fitle: 7300 BISCAYNE BLVD	RS DURT - PD Name and Title:	AM IO: OF STA FLOR	
number of shares ICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTO TITLE: YORDAN REMEDIO BETANCO 7300 BISCAYNE BLVD STE: 200	RS PD Name and Title: Address:	AM IO: 52 OF STATE FLORIDA	
Name and T Address	TIAL OFFICERS AND/OR DIRECTO YORDAN REMEDIO BETANCO 7300 BISCAYNE BLVD STE: 200 MIAMI, FL 33138	Name and Title: Name and Title: Name and Title:	AM IO: 52 OF STATE FLORIDA	
Name and T	TIAL OFFICERS AND/OR DIRECTO YORDAN REMEDIO BETANCO 7300 BISCAYNE BLVD STE: 200 MIAMI. FL 33138	Name and Title: Address: Name and Title: Name and Title: Address: Address:	AM 10: 52 OF STATE FLORIOA	
Name and T	TIAL OFFICERS AND/OR DIRECTO YORDAN REMEDIO BETANCO 7300 BISCAYNE BLVD STE: 200 MIAMI. FL 33138	Name and Title: Name and Title: Address: Name and Title: Address:	AM 10: 52 OF STATE FLORIOA	
Name and T Address Address	TIAL OFFICERS AND/OR DIRECTO YORDAN REMEDIO BETANCO 7300 BISCAYNE BLVD STE: 200 MIAMI. FL 33138 itle:	Name and Title: Name and Title: Address: Name and Title: Address:	AM 10: 52 OF STATE FLORIOA	

Name a	and Title:	Name and Title:	
Addres	SS	Address:	
	REGISTERED AGENT		
The <u>name and</u>	Florida street address (P.O. Box NOT acceptable	of the registered agent is:	
Name:	YORDAN REMEDIO BETANCOURT		
Address:	7300 BISCAYNE BLVD STE: 200		
	MIAMI, FL 33138		
ARTICLE VII	INCORPORATOR		
The <u>name and :</u>	address of the Incorporator is:		
Name:	YORDAN REMEDIO BETANCOURT		
Address:	7300 BISCAYNE BLVD STE: 200	_	
	MIAMI, FL 33138	<u> </u>	
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and can	. (OPTIONAL) not be more than five days prior or 90 days after	the
	te inserted in this block does not meet the applicab effective date on the Department of State's record	le statutory filing requirements, this date will not be s.	listed as
Having been na this certificate, l	imed as registered agent to accept service of proce I am familiar with and accept the appointment as i	ess for the above stated corporation at the place desi registered agent and agree to act in this capacity	ignated in
	2/25	02/08/2019	
-	Required Signature/Registered Agent	Date	
I submit this do document to the	ocument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false information subnony as provided for in s.817.155, F.S.	ritted in a
	263	02/08/2019	
Requ	uired Signature the orporator	Date	