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Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
RM1 CONSULTING, INC.

Certificate of Status	0
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APR 05 2019

T SCHROEDER

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

**ARTICLE I NAME** RM: CONSULTING, INC.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

951 BRICKELL AVE. 3711

MIAMI, FL 33131

Mailing address, if different is:

P.O. BOX 348741

CORAL GABLES, FL 33234-8741

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

SHARES: 100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: RAUL FERNANDEZ (P/S/D)

Name and Title: \_\_\_\_\_

Address

951 BRICKELL AVE. 3711

Address: \_\_\_\_\_

MIAMI, FL 33131

Name and Title: MARTHA FERNANDEZ (V/D)

Name and Title: \_\_\_\_\_

Address

951 BRICKELL AVE. 3711

Address: \_\_\_\_\_

MIAMI, FL 33131

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

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

Name: RAUL FERNANDEZ  
Address: 951 BRICKELL AVE. 3711  
MIAMI, FL 33131

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: RAUL FERNANDEZ  
Address: 951 BRICKELL AVE. 3711  
MIAMI, FL 33131

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**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.)

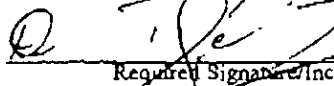
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent 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*

  
Required Signature/Registered Agent

04/02/2019  
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.*

  
Required Signature/Incorporator

04/02/2019  
Date