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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RJ WAI	LLS SOLUTIONS INC		
SUBJECT:	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM:	RNESTINA DEZA	ne (Printed or typed)	<u> </u>
148	BASIL COURT		
		Address	
LA	WRENCEVILLE, GA 30043		
_	City	, State & Zip	
678	3-634-0088		
	Daytime	Telephone number	
TI	NADEZA@LIVE.COM		
	E-mail address: (to be us	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

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

<u>ICLE II</u> PRI	NCIPAL OFFICE		
Principal street address 00 S PINE ISLAND RD #250		Mailing address, if different is: 1351 LOOWIT FALLS WAY	
ANTATION, FL 33324		BRASELTON, GA 30517	
		<u></u>	
ICLE III PUR purpose for whice	RPOSE th the corporation is organized is:	O ALL LAWFUL BUSINESS	
ICLE IV SHA	4RES 1000 of stock is:		2015 OC
ICLE IV SHA	dRES 1000 of stock is:		8
number of shares	of stock is:		8
number of shares	of stock is:	Name and Title:	OCT 17 AN
number of shares	TIAL OFFICERS AND/OR DIRECTORS Title: DIEGO A TABARES, PRESIDENT	Name and Title:Address:	OCT 17 AN
number of shares ICLE V INI Name and T	TIAL OFFICERS AND/OR DIRECTORS Title: DIEGO A TABARES, PRESIDENT		OCT 17 AN
number of shares ICLE V INI Name and T	TIAL OFFICERS AND/OR DIRECTORS DIEGO A TABARES, PRESIDENT 1351 LOOWIT FALLS WAY		OCT 17 AN
number of shares ICLE V INI Name and T	TIAL OFFICERS AND/OR DIRECTORS DIEGO A TABARES, PRESIDENT 1351 LOOWIT FALLS WAY BRASELTON, GA 30517	Address:	OCT 17 AN II: 12
number of shares ICLE V INT Name and T Address	TIAL OFFICERS AND/OR DIRECTORS DIEGO A TABARES, PRESIDENT 1351 LOOWIT FALLS WAY BRASELTON, GA 30517 DIEGO A TABARES, TREASURER 1351 LOOWIT FALLS WAY	Address: Name and Title:	OCT 17 AN II: 12
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS DIEGO A TABARES, PRESIDENT 1351 LOOWIT FALLS WAY BRASELTON, GA 30517 DIEGO A TABARES, TREASURER 1351 LOOWIT FALLS WAY	Address: Name and Title:	OCT 17 AN II: 12
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Citle: DIEGO A TABARES, PRESIDENT 1351 LOOWIT FALLS WAY BRASELTON, GA 30517 DIEGO A TABARES, TREASURER 1351 LOOWIT FALLS WAY	Address: Name and Title:	OCT 17 AN II: 12
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Title: DIEGO A TABARES, PRESIDENT 1351 LOOWIT FALLS WAY BRASELTON, GA 30517 DIEGO A TABARES, TREASURER 1351 LOOWIT FALLS WAY BRASELTON, GA 30517 DIEGO A TABARES SECRETARY	Address: Name and Title:	OCT 17 AM II: 12
Name and Ti Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTORS TIAL OFFICERS AND/OR DIRECTORS DIEGO A TABARES, PRESIDENT 1351 LOOWIT FALLS WAY BRASELTON, GA 30517 DIEGO A TABARES, TREASURER 1351 LOOWIT FALLS WAY BRASELTON, GA 30517	Address: Name and Title: Address:	OCT 17 AM II: 12

Name a	nd Title:	Name and Title:	
Addres	ss	Address:	
	 		
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	DIEGO A TABARES		
Address:	1200 S PINE ISLAND RD #250		
ridaress.	PLANTATION, FL 33324	_	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The name and a	address of the Incorporator is:		
Name:	HERNESTINA DEZA		
Address:	148 BASIL COURT		
	LAWRENCEVILLE, GA 30043		
			五 四
	EFFECTIVE DATE:		3. 至頃
(If an effective filing.)	if other than the date of filing:		or 90 days after the
Note: If the da	te inserted in this block does not meet the applical effective date on the Department of State's record		is date will not be listed as
	amed as registered agent to accept service of proc I am familiar with and accept the appointment as		
	- Dealer		10/14/2019
Required Signature Registered Agent			Date
I submit this do document to the	ocument and affirm that the facts stated herein of Department of Sfate constitutes of third degree fe	are true. I am aware that the false dony as provided for in s.817.155, I	information submitted in a F.S.
			10/14/2019
Req	uired Signature Afficorporator		Date