Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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 TURBO CREDIT SOLUTIONS, INC.

FFF 18 2020

T. SCOTT

| Certificate of Status | 0 |
|-----------------------|---------|
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WATTAL OF STATE
ANASSET FLOSIDA

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

| ICLE II PRINCIPA | IL OFFICE | | | |
|--|---|---|---|--|
| Prin | ncipal street address | | ddniss, if different is: | |
| 8220 Coral Way Miami FL 33155 | | | 8220 Coral Way | |
| | | Miami FL | .33155 | |
| | | | | |
| ,,, | | | <u> </u> | |
| ICLE III PURPOSE | | | | |
| purpose for which the | corporation is organized is: <u>An</u> | y and all business purposes | | |
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| TICLE IV SHARES e number of shares of st | 2 ock is: 500 | | | |
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| e number of shares of st | ock is:500 | ORS. | | |
| e number of shares of starting the starting of shares of starting the share and Title: | OFFICERS AND/OR DIRECTO Adrian Perez, President | ORS Name and Title: | | |
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| e number of shares of starting the starting of shares of starting the share and Title: | OFFICERS AND/OR DIRECTO Adrian Perez, President 8220 Coral Way | ORS Name and Title: Address: | 2020 | |
| e number of shares of starting the starting of shares of starting the share and Title: | OFFICERS AND/OR DIRECTO Adrian Perez, President 8220 Coral Way | ORS Name and Title: | 2020 | |
| e number of shares of starting the starting of shares of starting the share and Title: | OFFICERS AND/OR DIRECTO Adrian Perez, President 8220 Coral Way Miami FL 33155 | ORS Name and Title: Address: | _ | |
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| Name and Title: Name and Title: | OFFICERS AND/OR DIRECTO Adrian Perez, President 8220 Coral Way Miami FL 33155 | DRS Name and Title: Address: Name and Title: | SECOND SECOND | |
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| Name and Title: Name and Title: | OFFICERS AND/OR DIRECTO Adrian Perez, President 8220 Coral Way Miami FL 33155 | DRS Name and Title: Address: Name and Title: | SECOND SECOND | |
| Name and Title: Address Address | OFFICERS AND/OR DIRECTO Adrian Perez, President 8220 Coral Way Miami FL 33155 | Name and Title: Address: Name and Title: Address: | PILEU SECELISSE FLUEDS | |
| Name and Title: Address Address | OFFICERS AND/OR DIRECTO Adrian Perez, President 8220 Coral Way Miami FL 33155 | Name and Title: Address: Name and Title: Address: | PILEU SECELISSE FLUEDS | |
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| Name and Title: Address Address | OFFICERS AND/OR DIRECTO Adrian Perez, President 8220 Coral Way Miami FL 33155 | Name and Title: Address: Name and Title: Address: Name and Title: | PILEU SECELISSE FLUEDS | |
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| Name and Titl | e: | Name and Title: | | |
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| Address | | | | |
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| ARTICLE VI REG | SISTERED AGENT a street address (P.O. Box NOT acceptable) of | f the registered agent is: | | |
| Name: | Adrian Perez | _ | | |
| Address: | 8220 Coral Way | _ | | |
| | Miami FL 33155 | _ | | |
| | CORDOR (TOP | | | |
| ARTICLE VII IN | | | | |
| The name and addr | ess of the Incorporator is: | | | |
| Name: | Adrian Perez | _ | | |
| Address: | 8220 Coral Way | | | |
| | Miami FL 33155 | _ | | |
| | - an anu (C.D. ATT) | • | | |
| ARTICLE VIII E | FFECTIVE DATE: her than the date of filing: | . (OPTIONAL) | | |
| (If an effective dat | e is listed, the date must be specific and can | not be more than five days prior or 90 days after the | | |
| filing.) | and in which block down not meet the applical | ble statutory filing requirements, this date will not be listed as | | |
| the document's eff | ective date on the Department of State's record | ds. | | |
| Having been name certificate Lam (a) | d as registered agent to accept service of processithin with and accept the appointment as regi | ss for the above stated corporation at the place designated in this stered agent and agree to act in this capacity | | |
| | | 5/14/20 | | |
| | Required Signature/Registered Agent | Date | | |
| the state of the stated herein are true. I am aware that the false information submitted in a | | | | |
| document to the D | epartment of State constitutes a third degree for | elony as provided for in \$.817.155, F.S. | | |
| | | 5 14 20 | | |
| Required Signatur | re/Incorporator | Date | | |