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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
ALL POINTS MANAGEMENT GROUP INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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ALL AMASST

2020 MAY 29 PM 4:58

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

ARTICLE I NAME

The name of the corporation shall be: ALL POINTS MANAGEMENT GROUP INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address15420 SW 136 ST. UNIT: 27MIAMI, FL 33196

Mailing address, if different is:

P.O. BOX 771795MIAMI, FL 33177**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 500 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: ELIZABETH SCHLOTZHAUER (P/D)

Name and Title: _____

Address 15420 SW 136 ST. UNIT: 27

Address: _____

MIAMI, FL 33196

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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ALLIANCE

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

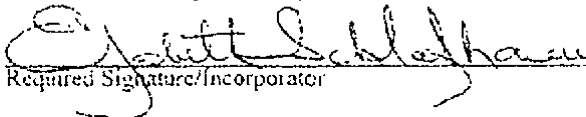
Name: ELIZABETH SCHLOTZHAUERAddress: 15420 SW 136 ST. UNIT: 27MIAMI, FL 33196ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ELIZABETH SCHLOTZHAUERAddress: 15420 SW 136 ST. UNIT: 27MIAMI, FL 33196ARTICLE 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 Agent05-28-20
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/Incorporator05-28-20
Date