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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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FLORIDA PROFIT/NON PROFIT CORPORATION

Done Rite Business Solutions Oliva, Inc

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

RTICLE I NAME he name of the corporation	n shall be: Done Rite Business Sol	utions Oliva, Inc	<u> </u>
R <i>TICLE II PRINCI</i> P	PAL OFFICE rincipal street address		ss, if different is:
50 NW 51 Ave, Apt A			
liami. FL 33126			
			
RTICLE III PURPOS			
e purpose for which the	e corporation is organized is:Tot	ransact any and all lawful business	
	<u></u>		
· · · · · · · · · · · · · · · · · · ·			
•		<u></u>	
			2020 (
	···		
RTICLE IV SHARE	•		9
e number of shares of si	tock is: 100		
			. "D
RTICLE V INITIAL	OFFICERS AND/OR DIRECTO	<u>RS</u>	
Name and Title:	Jose L. Oliva President	Name and Title:	န ်
Address	550 NW 51 Ave, Apt A		
Vggtc33	550 (4W 51 AVE, Apt A	Address:	
-	Miami, FL 33126		
_			
		-	
Name and Title:_		Name and Title:	
Address		Address:	
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-			
Name and Title:_	·	Name and Title:	
Address		Address:	
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_			

Name and	Title:	Name and Title:
Address		
		
ADTICLE UT D	ecteroped acrum	
The name and Flo	EGISTERED AGENT rids street address (P.O. Box NOT acc	aptable) of the registered agent is:
Name:	Jose L. Oliva	
Address:	550 NW 51 Avc. Apt A	
	Miami, FL 33126	
ADTIGUE AND A		
	NCORPORATOR	
The name and ado	Iress of the Incorporator is:	
Name:	Jose L. Oliva	·· ·
Address:	550 NW 51 Ave, Apt A	
	Miami, FL 33126	
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, if o	ther than the date of filing:	(OPTIONAL)
filing.)	te is listed, the date must be specific a	nd cannot be more than five days prior or 90 days after
Note: If the date i	nserted in this block does not meet the a	pplicable statutory filing requirements, this date will not b
the document's eff	ective date on the Department of State's	records.
Having been name	d as registered agent to accept service of	process for the above stated corporation at the place design
cerujicate, 1 am jai	nutar with and accept the appointment t	is registered agent and agree to act in this capacity
	Required Signature/Registered A	10 16
I submit this docu		erein are true. I am aware that the false information subj
damining at B	mariment of State constitutes a skill be	ree felony as provided for in s.817.155, F.S.
aocument to the De	parament of State Constaures a Intra neg	ree jeiony as proviaca jor in \$.817.155, F.S.
cocument to the De	alas	loll