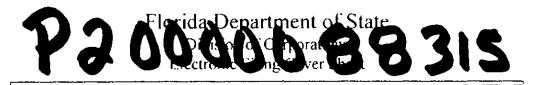
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Addount Name : ACCOUNTING2EASY CORP

Account Number : 120150000067 Phone : (786)487-1398 Fax Number : (305)503-9351

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Info@accounting2easy.com

13 PH 2: 54

FLORIDA PROFIT/NON PROFIT CORPORATION SAVR Consulting, Inc.

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| n e participation | ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | | | | |
|---|--|-------------------------|--|--|--|
| RTICLE 1 NAME, he name of the corporat | on shall be: SAVR Consulting, Inc. | | The second secon | | |
| RTICLE II PRINC 61 Racquet Club Road pt 21, | Principal <u>street</u> address | | Mailing address, if different is: | | |
| Veston, FL 33326 | | | , | | |
| RTICLE III PURPO the purpose for which the | ISE Consider | ulting Services and any | and all legal related business | | |
| | | | | | |
| | | | | | |
| | | | | | |
| . . | L. OFFICERS AND/OR DIRECTO | | Sheila Guzman President | | |
| Name and Title | 561 Racquet Club Road, Apt 21, | Name and Title | 561 Racquet Club Road, Apt 21, | | |
| Address | Weston, F1, 33326 | Address: | Weston, F1, 33326 | | |
| | | | | | |
| Name and Title: | | Name and Titl | e | | |
| Address | | Address: | | | |
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| Name and Title: | | | · | | |
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| Name an | d Title | Name and Title: | |
|-------------------|--|--------------------------------|---------------------------------|
| Address | | Address: | |
| | | | |
| | | | |
| | | | |
| | REGISTERED AGENT | | |
| | <u>lorida street address</u> (P.O. Box NOT acceptable Sheila Guzman | e) of the registered agent is: | |
| Name: | 561 Racquet Club Road, Apt 21, | | |
| Address: | Weston, FL 33326 | | 20 |
| | | | 20 Aus 13 |
| ARTICILE VII | INCORPORATOR | | |
| The name and a | ddress of the Incorporator is: | | |
| Name: | Sheila Guzman | | |
| Address: | 561 Racquet Club Road, Apt 21, | | MHH: 19 |
| | Weston, FL 33326 | _ | |
| | | | |
| | EFFECTIVE DATE: Other than the date of filing: | (OPTIONAL) | |
| | date is listed, the date must be specific and car | | s days prior or 90 business |
| Note: If the date | e inserted in this block does not meet the applica effective date on the Department of State's record | | this date will not be listed as |
| | med as registered agent to accept service of pro- am familiar with and accept the appointment as | | |
| | 5453 | | 11/13/2020 |
| | Required Signature/Registered Agent | | Date |
| | cument and affirm that the facts stated herein of Department of State constitutes a third degree for | | |
| | 54.15B | | 11/13/2020 |
| Requ | Required Signature/Incorporator | | Date |