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To:

Division of Corporations Fax Number : (850)617-6381

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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

| Email Address: | | |
|----------------|--|--|

FLORIDA PROFIT/NON PROFIT CORPORATION Solutions By Simply, Inc.

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Electronic Filing Menu

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

| he name of the corpora | Solutions By Simply, I | | | | |
|--|--|-------------------------|----------------------------------|------------------|--|
| RTICLE II PRINC 901 4th St N S FE 300 | Principal street address | <u>7901</u> 4th | Mailing address, St N STE 300 | if different is: | |
| t. Petersburg, FL 3370 | 02 | St. Peter | St. Petersburg, FL 33702 | | |
| RTICLE III PURPO he purpose for which t | <u>2SE</u> he corporation is organized is: | and All Lawful Business | | | |
| | | | | REZI HAY | |
| | | | | | |
| | | | | <u>.</u> ω | |
| | stock is: AL OFFICERS AND/OR DIRECTO Cameron, Colvin, P. | <u> PRS</u> | A. Michael Gih | son, S | |
| Name and Title Address | 7901 4th St N STE 300 | Name and Title Address: | 7901 4th St N S | | |
| | St. Petersburg, FL 33702 | Audicas. | St. Petersburg, | FL 33702 | |
| Name and Title | Salvadore J. Junda III, T | Name and Title | : | | |
| Address | 7901 4th St N STE 300 | Address: | Address: | | |
| | St. Petersburg, FL 33702 | | | | |
| Name and Title | | Name and Title | | | |
| | | | | | |
| Address | | Address: | | | |

| Name a | and Title: | Name and Title: | - |
|--|---|---|------------------------|
| Addre | rss | Address: | <u></u> |
| ARTICLE VI The name and | Florida street address (P.O. Box NOT acceptable | e) of the registered agent is: | - |
| Name: | Registered Agents Inc. | | |
| Address: | 7901 4th St N STE 300 | 2021 | |
| | St. Petersburg, FL 33702 | 2021 HAY | 7 |
| <u>ARTICLE VII</u> | INCORPORATOR | ξ. Δ | 1 1 1 (2 1 1 |
| The name and | address of the Incorporator is: | <u>.</u> | |
| Name: | Riley Park | | |
| Address: | 7901 4th St N STE 300 | | |
| | St. Petersburg, FL 33702 | <u></u> | |
| Effective date, (If an effective filing.) Note: If the da | · | nnot be more than five days prior or 90 days after the able statutory filing requirements, this date will not be listed a | S |
| | amed as registered agent to accept service of proof I am familiar with and accept the appointment as | cess for the above stated corporation at the place designated registered agent and agree to act in this capacity | in |
| But | - Lane | 4/8/2021 | _ |
| | Required Signature/Registered Agent | Date | _ |
| | ocument and affirm that the facts stated herein of e Department of State constitutes a third degree fe | are true. I am aware that the false information submitted in clony as provided for in s.817.155, F.S. | a |
| Rilli | Per | 4/8/2021 | |
| Req | uired Signature/Incorporator | Date | - |