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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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## FLORIDA PROFIT/NON PROFIT CORPORATION BM SOLUTIONS CORP.

Certificate of Status	0
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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is: Solutions Corp. ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: ARTICLE III SHARES: The number of shares of stock is: 100 INITIAL DIRECTORS AND/OR OFFICER 3: Ramirez Escobar-President ARTICLE V INITIAL REGISTERED AGENT AND STREET AD DRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is Jaime Alfonso Ramirez Escobar

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: Alfonso Ramirez Escobar 14th

## Required Signatures:

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 familian with and accept the appointment as registered agent and agree to act in this capacity

Regissofed Agent July 28/21

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.

Janufe Laures July 28/21.

Accomporator Date

2021 JUL 28 AM II: 13 SECRETARY OF STATE