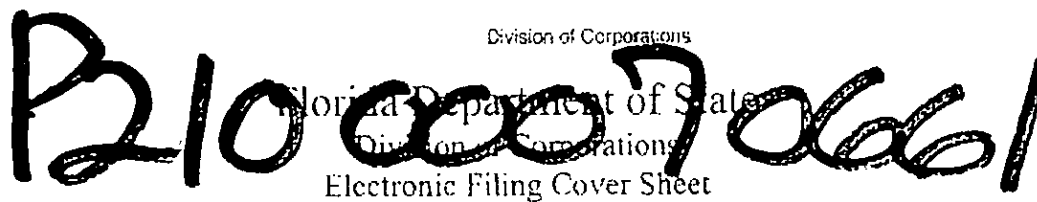


8/4/2021



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FLORIDA PROFIT/NON PROFIT CORPORATION
AP SISTEMAS Y SOLUCIONES INFORMATICAS, INC

Certificate of Status	0
Certified Copy	1
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AUG 04 2021

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

ARTICLE I NAMEThe name of the corporation shall be: AP SISTEMAS Y SOLUCIONES INFORMATICAS, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

16750 SW 95TH ST STOREMIAMI, FL 33196**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUIS OCTAVIO PASCOAL MACEDO (P) Name and Title: _____Address: 16750 SW 95TH ST STORE Address: _____MIAMI, FL 33196

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LUIS OCTAVIO PASCOAL MACEDO
Address: 16750 SW 95TH ST STORE
MIAMI, FL 33196

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ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LUIS OCTAVIO PASCOAL MACEDO
Address: 16750 SW 95TH ST STORE
MIAMI, FL 33196

ARTICLE 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

/s/ Luis Octavio Pascoal Macedo _____
Required Signature/Registered Agent 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.

/s/ Luis Octavio Pascoal Macedo _____
Required Signature/Incorporator Date