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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

**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 ONE PRIME SERVICES GROUP INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
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D. O'KEEFE

FEB 1 1 2022

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

| ARTICLE 1 NAME: The name of the corporation is: | |
|--|---------|
| ONE Prime Services Group Inc. | |
| ARTICLE II PRINCIPAL OFFICE: | |
| The principal street address and mailing address is: 16523 NE 26 Ave. North Miami Beach Fl 33160 | |
| ARTICLE III SHARES: The number of shares of stock is: O O | |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS FEB. OSVALOO TOLOO DANGE, FIB. SECR. ARTICLE IV. INITIAL DIRECTORS AND/OR OFFICERS FEB. SECR. ARTICLE IV. INITIAL DIRECTORS AND/OR OFFICERS FEB. OSVALOO TOLOO DANGE, FIB. SECR. ARTICLE IV. ARTICLE | 1-1-1-C |
| | |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: 16503 NF 26 AVC 16503 NF 26 AVC | |
| F1 33160 | |
| Osvaldo loledo | |

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

Registered Agent

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.

incorporator

FILED

2022 FEB 10 PM 3: 18

SECRETARY OF STATE
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