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Division of Corporations

Fax Number

: (850)617-6381

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Account Name : SUPER TAX PLUS

Account Number : I20170000027

Phone

Fax Number

**** 305 - 200 - 0135

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FLORIDA PROFIT/NON PROFIT CORPORATION BIT-PC LEADER IN BOARD REPAIRS CORP

| Certificate of Status | 0 | |
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| SUBJECT: _ B | 17-PC Leuder | In Board | Repairs Corp | | |
|--|--|---------------------------------------|-------------------------|--|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL.(</u> | UDE SUFFIX) | | |
| Enclosed are an orig | ginal and one (1) copy of the arti | cles of incorporation and | a check for: | | |
| □ \$70.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy | & Certificate of Status | | |
| | ADDITIONAL COPY REQUIRED | | | | |
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| Hiclean, FL 33012 City. State & Zip | | | | | |
| 786 - 656 - 2034 Daytime Telephone number | | | | | |
| | Lisbeth. 5 E-mail address: (to be used | oper taxplos | omail. com | | |

NOTE: Please provide the original and one copy of the articles.

p.3

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

| ARTICLE I NAM The name of the corpo | <u>rie</u> Fration shall be: Bit - PC L | eader IN | Board | Repairs | Corp |
|--|---|------------------------|--------------------------|---------------|-------------|
| <u>irq ilələttre.</u> N C1991 | | | ling address, if differe | | |
| ARTICLE III PUR The purpose for which | RPOSE The the corporation is organized is: | ry and all | lanchel | <u>usness</u> | > |
| | | | | 2028 | 7 |
| | ARES s of stock is: 1000 Share | | n stock | PHASSEE, FLOR | 41110 |
| | tial officers and or director | Sia S Name and Title:_ | | | |
| Address | 19812 NW67thc Hialeah, Fl 330 | | | | |
| | ide: (MGR) Joel Iglesia: 19812 NW67th Ct | Mame and Title:_ | | | |
| Address | Hielean, Fr 3301 | _ | | | |
| Name and T | ille: (T) Helany C. Tala | Sia SName and Title:_ | | | - |
| Address | | 10_ Address: _ | | | - |
| | Hialeah, Fr 330 | 15 | | | _ |

|),), | | | +12014556135 | p.4 |
|--|---|---|--|----------------|
| -2022 13:2 <u>0 From</u> | | | | |
| Name and Title Address | | | | |
| | | | | |
| | | | | |
| | | | | |
| ARTICLE VI REGI The name and Florida | street address (P.O. Box NOT neceptable) of the | he registered agent is: | | |
| Name: | vaces multi-securic | es loop | | |
| Address: | 275 W. 47th PLS | it 315 | . 2 | |
| | Hialeah, Fr 33012 | | PLL B | て |
| ARTICL <u>E VII _ INC</u> | DRPORATOR | | TALLAHASS | |
| The name and addres | | | | 子で |
| Name: | | 5 | 700 | - - |
| Address: | 50ny A. tylesia 19812 NW 67th Ct | | PRIOR INC. | 2 |
| | Halton, FL 33015 | | ₹* | |
| (If an effective date in filing.) Note: If the date inset the document's effect | than the date of hing: | statutory filing requir | lays prior or 90 days after the | isted as |
| Having been named a certificate, I am famil | registered agent to accept service of process for with and accept the appointment as register | or the above stated cor red agent and agree to | poration at the place designate act in this capacity Ob 06 06 0 | I.J. |
| f submit this docume | Required Sgnature/Registered Agent | true. I am aware tha | it the false information submi 817,155, F.S. | itled in a |
| | and affirm that the facis stated herein are timent of State constitutes a third degree felon corporator | | | 6-11 |