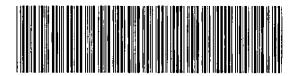
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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: BUSINESS Service Solution L. N.L. INC				
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:			
☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate of Status	☐ \$78.75 ☐ \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of			
Status ADDITIONAL COPY REQUIRED				
FROM: Henry Collins Name (Printed or typed) Name (Printed or typed) Suite BO				
Mumi, H 33/3/				
646. 804. 8472				
Henry a)/	Pephone number LXXIVA Wet. M I for future annual report notification)			
NOTE: Please provide the or	riginal and one copy of the articles.			

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

The name of the corporation shall be: Pusiness S	ervice Solution L.N.L.I
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
MIAMI F1 33131	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	nancial Service
Taxes Business Cr	dit InSurance
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title Ladonni & Lucas	e and Title:
Address 1110 Brakell Ave Suile 438 MIAMI F1 33131	Address:
Name and Title: Henry Collins VP Address UTO Bruke! Ave Suite 438 Mami H 33/3/	.ame and Title:Address:
Name and Title:	Name and Title:
Address	Address:

Name and Title:	Name and Title:	
Address	Address:	
		<u> </u>
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box	NOT acceptable) of the registered agent is:	
Name: Henry Collin	C. LUTA	
Address: 1110 Bricke	11 Ave	70'
Miami Fl.	33131	7022 AU ^r
		
ARTICLE VII INCORPORATOR		- (A
The name and address of the Incorporator is:	1- 01-	- FR C
Name: tenny	ollins Dui 6930	2: 23 1 Old
Address: 1110 Baice	1 Ave	
Miami, F	1 33131	
·		
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	8/11/2022 (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 the document's effective date on the Departmen	t meet the applicable statutory filing requirements, that of State's records.	is date will not be listed as
Having boar war day revistored agent to good	ot service of process for the above stated corporation a	t the place designated in this
certificate, I am familiar with and accept the up	pointment as registered agent and agree to act in this	capacity
-/		8/13/2022
Required Signature/R	Registered Agent	Date
I submit this decument and affirm that the fac	cts stated herein are true. I am aware that the false	information submitted in a
document to the Department of State constitutes	s a third degree felony as provided for in s.817.155, F.	.s. all t->
Heal		8/15/2022
Required Signature Theorporator	Date	•