

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
AMERIVE BUSINESS SOLUTIONS INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2022 SEP 28 PM 3:20

AMERIVE BUSINESS SOLUTIONS INC

12:20:21

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

AMERIVE BUSINESS SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

903 NW 97 AV. Apt 205
Miami, Florida 33172.

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Ricardo Soto. P
Hugo Morales. VP

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

903 NW 97 AV. Apt 205 Miami FL 33172.
Ricardo Adolfo SOTO

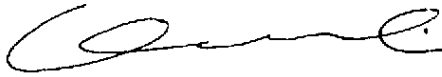
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

903 NW 97 AV. Apt 205 Miami, FL 33172.
Ricardo SOTO

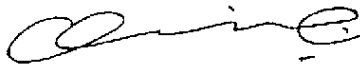
File # 0 12:21

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

 <hr style="width: 100%;"/> Registered Agent	Sept. 28, 2022 <hr style="width: 100%;"/> Date
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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.

 <hr style="width: 100%;"/> Incorporator	Sept. 28 2022 <hr style="width: 100%;"/> Date
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