

P22000081770

Division of Corporations
Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION

Aggregate Management Solutions, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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

ARTICLE I NAMEThe name of the corporation shall be: Aggregate Management Solutions, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

407 Lincoln Rd, Suite 9AMiami Beach, FL 33139**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Consulting**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Frederick L Simmons, President

Name and Title: _____

Address 407 Lincoln Rd, Suite 9A

Address: _____

Miami Beach, FL 33139

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2022 OCT 26 PM 5:50

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: Frederick L Simmons

Address: 407 Lincoln Rd, Suite 9A

Miami Beach, FL 33139

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Frederick L Simmons

Address: 407 Lincoln Rd, Suite 9A

Miami Beach, FL 33139

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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*

Frederick L Simmons 10/26/2022

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.

Frederick L Simmons 10/26/2022

Required Signature/Incorporator ate