

\$2300008598

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

From: Account Name : RCA ACCOUNTING SERVICES CORP
Account Number : 120180000102
Phone : (305)799-7633
Fax Number : (786)783-3650

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
KM VIRTUAL SOLUTION CORP

Certificate of Status	1
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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: KM VIRTUAL SOLUTION CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8548 NW 66TH ST8548 NW 66TH STMIAMI, FL 33166MIAMI, FL 33166**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: EDUARDO A. CHACIN (P)Name and Title: MICHAEL ALBERTO SOTO (VP)Address 8548 NW 66TH STAddress: 8548 NW 66TH STMIAMI, FL 33166MIAMI, FL 33166

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: EDUARDO A CHACIN

Address: 8548 NW 66TH ST

MIAMI, FL 33166

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: EDUARDO A CHACIN

Address: 8548 NW 66TH ST

MIAMI, FL 33166

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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 certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

/s/ Eduardo Chacin

Required Signature/Registered Agent

02/02/2023

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a do to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

/s/ Eduardo Chacin

Required Signature/Incorporator

02/02/2023

Date

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