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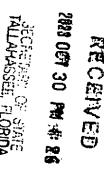
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COVER LETTER

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	INNOV.	ASOFT INC	
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
X S70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee. Certified Copy & Certificate of Status PPY REQUIRED
FROM:	WILLIAMS&MOI	RRIS, PC. PLLC e (Printed or typed)	
	8004 NW 154TH ST		
		Address	
	MIAMI LAKES. City.	. FL 33016 . State & Zip	
	78	6-256-6615	
	-	Celephone number	
		orrispa@hotmail.com	
	E-mail address: (to be use	d for future annual report r	iourication)

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

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

ARTICLE I NAM The name of the corpo	E INNOVASOFT IN artion shall be:	<u>c</u>	
ARTICLE II PRIN	VCIPAL OFFICE Principal <u>street</u> address	Mailing add	ress, if different is:
6710 MAIN STREET	STE 233	SAME	
MIAMI LAKES, FI	_ 33014		
ARTICLE III PUR The purpose for which	POSE A the corporation is organized is:		
This corporation r	nay engage in any activity or business per	mitted under the laws of the Uni	ted States of America.
	Marketing and Licensing rental of Acader ts. Custom Software Development. Techn	·	
Hosting and Inform	ation storage services, ecommerce electro	nic invoicing provider, trainings	, technology consultancy.
And other technolo	gical projects (Al, virtualization, integration	on, automation, ERP, CRM, LSi	M, SMS.
			ough
ARTICLE IV SHA The number of shares of	RES of stock is: 200 COMMON TOCKS		200
ARTICLE V INIT	IAL OFFICERS AND/OR DIRECTORS		(C)
Name and Ti	_{tle:} RICARDO ALBERTO UMANA - PD	Name and Title:	
Address	6710 MAIN STREET STE 233	Address:	F: 2:
	MIAMI LAKES, FL 33014		
	D. 01		<u> </u>
	- 	<u> </u>	
Name and Tit	le;	Name and Title:	
Address		Address:	
Name and Tit	le:	Name and Title:	
Address		Address:	

Name and T	itle:	Name and Title:	
Address		Address;	
	-		
	GISTERED AGENT la street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	WILLIAMS&MORRIS, P.C. PLLC		
Address:	8004 NW 154TH STREET STE 646		
	MIAMI LAKES, FL 33016	_	
ADTICLE LUL INC	CARDAR (TAR		
ARTICLE VII INC			
<u> </u>	ss of the Incorporator is:		1~?
Name:	WILLIAMS&MORRIS, P.C PLLC.	_	,
Address:	8004 NW 154TH STREET STE 646		
	MIAMI LAKES, FL 33016	_	- 1 - 3 - 3 - 3
			L) 0
<u>ARTICLE VIII EF</u> Effective date if other	FECTIVE DATE: or than the date of filing:	(OPTIONA)	.; .;
(If an effective date filing.)	is listed, the date must be specific and cann	ot be more than five days	prior or 90 days after the
Note: If the date inso the document's effect	erted in this block does not meet the applicable tive date on the Department of State's records	e statutory filing requirement.	nts, this date will not be listed as
Having been named o certificate, I am famil	is registered agent to accept service of process liar with and accept the appointment as registe	for the above stated corpora cred agent and agree to act in	tion at the place designated in this n this capacity
	Complete Com		10/27/2023
	Required Signature/Registered Agent		Date
I submit this docume document to the Depo	ent and affirm that the facts stated herein are artment of State constitutes a third degree felon	e true. I am aware that the ny as provided for in s.817,1	false information submitted in a 55, F.S.
	Contract of the second		10/27/2023
Required Signature/In	icorporator		Date

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