Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

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Account Name : HU8CO

Account Number : 104662003400 Phone : (516)813-1184 Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future in annual report mailings. Enter only one email address please.

Email Address: bsager99@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION RESOLVE CAPITAL, INC.

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

H24000042463

ARTICLES OF INCORPORATION

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

TEI NAME ne of the corporation	shall be:RE	SOLVE CAPITAL,	INC.
<i>E II PRINCIPA</i> Prir NE 37th Ave #110			iling address, if different is:
	orporation is organized is: Any		
EIV SHARES ber of shares of stoc	k is: 100 at No Par Value		
ber of shares of stoc	FFICERS AND/OR DIRECTORS		
E V INITIAL O Name and Title:	rian Sager - President/Dire	ector Name and Title:	
E V INITIAL O Name and Title: Address	PFFICERS AND/OR DIRECTORS rian Sager - President/Dire 055 Yacht Club Dr., #1102 ami, FL 33161	Address:	
E V INITIAL O Name and Title: Br Address	PFFICERS AND/OR DIRECTORS rian Sager - President/Directors 055 Yacht Club Dr., #1102 ami, FL 33161	Address:	
E V ENITIAL O Name and Title: Address Mia	PFFICERS AND/OR DIRECTORS rian Sager - President/Dire 055 Yacht Club Dr., #1102 ami, FL 33161	Address: Name and Title: Address: Name and Title:	
E V ENITIAL O Name and Title: Address Mia	PFFICERS AND/OR DIRECTORS rian Sager - President/Dire 055 Yacht Club Dr., #1102 ami, FL 33161	Address: Name and Title: Address: Name and Title:	
ber of shares of stock E V INITIAL O Name and Title: Br Address Mia Name and Title: Address	pFFICERS AND/OR DIRECTORS rian Sager - President/Directors 055 Yacht Club Dr., #1102 ami, FL 33161	Address: Name and Title: Address: Name and Title: Address:	
Name and Title: Address Name and Title: Address Address Address	pFFICERS AND/OR DIRECTORS rian Sager - President/Directors 055 Yacht Club Dr., #1102 ami, FL 33161	Name and Title:	
Name and Title: Br Address Mia Name and Title: Name and Title: Address Name and Title:	pFFICERS AND/OR DIRECTORS rian Sager - President/Directors 055 Yacht Club Dr., #1102 ami, FL 33161	Name and Title:	

Name and	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Brian Sager		
Address:	21055 NE 37th Ave #1102		
	Aventura, FL 33180		
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	Brian Sager		
Address:	21055 NE 37th Ave #1102	_	
	Aventura, FL 33180		
Effective date, if c (If an effective di filing.) Note: If the date	·	not be more than five days prior or 90 days after blooming the statutory filing requirements, this date will not be	
	ed as registered agent to accept service of proces amiliar with and accept the appointment as regis	s for the above stated corporation at the place design stered agent and agree to act in this capacity January 31,	
Required Signature	e/Registered Agent Brian Sager	Date	
	•	re true. I am aware that the false information suitons on as provided for in s.817.155, F.S.	bmitted in a
Kin	nt Sign	January 31,	2024
Required Signatur	e/Incorporator Brian Sager	Date.	
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