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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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CERTIFIED COPY

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INC

1. PAI TECHNOLOGIES INC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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TALLAHASSEE, FL
CORPORATE

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: PAI TECHNOLOGIES INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy, & Certificate of Status
ADDITIONAL COPY REQUIRED

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FROM: DARIO GONZALEZ
Name (Printed or typed)
10500 SW 103 AVE
Address
MIAMI, FL 33176
City, State & Zip
(305) - 305 - 2299
Daytime Telephone number
DARIOGPB@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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 NAME

The name of the corporation shall be: PAI TECHNOLOGIES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10500 SW 103 AVE

MIAMI, FL 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Providing Information

Security and Information Technology Consulting
Services

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MIAMI, FL

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ARTICLE IV SHARES

The number of shares of stock is: 100 Shares at no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DARIO GONZALEZ President Name and Title: _____

Address 10500 SW 103 AVE Address: _____
MIAMI, FL 33176

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: DARIO GONZALEZ
Address: 10500 SW 103 AVE
MIAMI, FL 33176

ARTICLE VII INCORPORATOR

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

Name: DARIO GONZALEZ
Address: 10500 SW 103 AVE
MIAMI, FL 33176

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TALLAHASSEE, FL

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:

[Signature]
Required Signature/Registered Agent

1/15/2025
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.S.

[Signature]
Required Signature/Incorporator

1/15/2025
Date