



ROSS MILLER  
Secretary of State  
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## Articles of Incorporation

(PURSUANT TO NRS CHAPTER 78)

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USE BLACK INK ONLY - DO NOT HIGHLIGHT

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<b>1. Name of Corporation:</b>	PARAMOUNT SUPPLY INC			
<b>2. Registered Agent for Service of Process:</b> (check only one box)	<input type="checkbox"/> Commercial Registered Agent: _____ Name <input checked="" type="checkbox"/> Noncommercial Registered Agent (name and address below) <b>OR</b> <input type="checkbox"/> Office or Position with Entity (name and address below) ENTERPRISE SOLUTIONS LLC Name of Noncommercial Registered Agent <b>OR</b> Name of Title of Office or Other Position with Entity 3228 CHERUM ST LAS VEGAS Nevada 89135 Street Address City Zip Code 3228 CHERUM ST LAS VEGAS Nevada 89135 Mailing Address (if different from street address) City Zip Code			
<b>3. Authorized Stock:</b> (number of shares corporation is authorized to issue)	Number of shares with par value: 75000000	Par value per share: \$ 0.001	Number of shares without par value: 0	
<b>4. Names and Addresses of the Board of Directors/Trustees:</b> (each Director/Trustee must be a natural person at least 18 years of age; attach additional page if more than two directors/trustees)	1) ARTIS JANSONS Name 40 LIELAIS PROSPEKTS VENTSPILS, LATVIA, LVA LV LV-3601 Street Address City State Zip Code 2) _____ Name _____ Street Address City State Zip Code			
<b>5. Purpose:</b> (optional; required only if Benefit Corporation status selected)	The purpose of the corporation shall be: ANY LEGAL PURPOSE		<b>6. Benefit Corporation:</b> (see instructions) <input type="checkbox"/> Yes	
<b>7. Name, Address and Signature of Incorporator:</b> (attach additional page if more than one incorporator)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. ARTIS JANSONS X ARTIS JANSONS Name Incorporator Signature 40 LIELAIS PROSPEKTS VENTSPILS, LATVIA, LVA LV LV-3601 Address City State Zip Code			
<b>8. Certificate of Acceptance of Appointment of Registered Agent:</b>	I hereby accept appointment as Registered Agent for the above named Entity. X ENTERPRISE SOLUTIONS LLC 9/12/2014 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date			

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 78 Articles  
Revised: 11-13-13