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**FLORIDA PROFIT/NON PROFIT CORPORATION
GANESHA 8823, INC**

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

19 APR -9 AM 10:05
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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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: GANESHA 8823, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10366 NW 64TH TER

10366 NW 64TH TER

DORAL, FL 33178

DORAL, FL 33178

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: P: ADRIANA C REYES

Name and Title: VP: LESBIA PAEZ

Address: 10366 NW 64TH TER

Address: 10366 NW 64TH TER

DORAL, FL 33178

DORAL, FL 33178

Name and Title: D: ALEJANDRA T QUINTANA

Name and Title: _____

Address: 10366 NW 64TH TER

Address: _____

DORAL, FL 33178

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: ADRIANA C REYES
 Address: 10366 NW 64TH TER
DORAL, FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ADRIANA C REYES
 Address: 10366 NW 64TH TER
DORAL, FL 33178

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/08/2019. (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

Adriana Reyes _____ 04/08/2019
 Required Signature/Registered Agent 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.

Adriana Reyes _____ 04/08/2019
 Required Signature/Incorporator Date