Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000108081 3)))



| *** | Doing s | so will generate another cover sheet. | |
|-------|----------------|--|---|
| To: | | | |
| 10. | Division of Co | rnorations | |
| | Fax Number | • | |
| | Lax Mampel. | : (850)617-6381 | |
| From: | | | • |
| | Account Name | : LAZARUS CORPORATE FILING SERVICE, INC. | · |
| | Account Number | | í |
| | Phone | : (305)552-5973 | |
| | Fax Number | : (305)675-5944 | |

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION BY ORIANA CORP.

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

| By Oriana Corp. | · · · · · · · · · · · · · · · · · · · |
|---|--|
| ARTICLE II PRINCIPAL OFFICE: | |
| The principal street address and mailing address is: | |
| 650 NE 32nd 8+ | |
| Unit # 4604 | • |
| mioni, h 33137 | · |
| ARTICLE III SHARES: The number of shares of stock is: 100 | <u>) </u> |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFIC | ERS: |
| Oriana Virginia Torres frenmayo | <u>(P)</u> |
| | |
| | |
| | |
| | ~ |
| <u> </u> | |
| | |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET | |
| The name and Florida street address (PO Box not acceptable) of the regi | stered agent is |
| | , |
| | |
| Oriana Virginia Torres Fuenmayor | · |
| ARTICLE VI INCORPORATOR: The name and address of the I | ncorporator is: |
| Oriana Virginia Tonco fuermayor | |
| 020 NE 32ng 8t | |
| Unit # 4504 | |
| mioni, h 33137 | · |

Required Signatures:

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 familian with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent 3-17-21

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.

Incorporator Date