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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : RODRIGUEZ R. & CO. LLC
Account Number : 120180000052
Phone : (305)496-8203
Fax Number : (786)496-9445

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

Email Address: RAUL@RODRIGUEZ-R.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
GRUPO LOS ANDES CORP**

Certificate of Status	1
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TALLAHASSEE, FLORIDA

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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: GRUPO LOS ANDES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1705 PALM COVE BLVD.
UNIT 104

DELRAY BEACH, FL 33445

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: JESUS GABRIEL REINA REY Name and Title:

Address: PRESIDENT Address:

1705 PALM COVE BLVD.
UNIT 104
DELRAY BEACH, FL 33445

Name and Title: _____ Name and Title:

Address: _____ Address:

Name and Title: CESAR ISRAEL REINA REY Name and Title:

Address: SECRETARY Address:

1705 PALM COVE BLVD.
UNIT 104
DELRAY BEACH, FL 33445

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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: PAUL RODRIGUEZ
 Address: 8200 NW 41ST STREET
MIAMI FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAUL RODRIGUEZ
 Address: 8200 NW 41ST STREET
MIAMI FL 33166

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

Paul Rodriguez
 Required Signature/Registered Agent

08/16/22
 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.

Paul Rodriguez
 Required Signature/Incorporator

08/16/22
 Date

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 28 AUG 16 PM 11:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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