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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION GREAT IDEAS GROUP CORP.

Certificate of Status	0
Certified Copy	1
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2023 01 20 11:37

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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: GREAT IDEAS GROUP CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4850 SW 8th ST.
CORAL GABLES, FL 33134

Mailing address, if different is:

4850 SW 8th ST.
CORAL GABLES, FL 33134

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: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FREDDY HIRAM SILVA-GARCIA - P Name and Title: _____

Address 4850 SW 8th ST. Address: _____

CORAL GABLES, FL 33134 _____

Name and Title: JESUS DAVID FUENMAYOR CASTELLANOS - VP Name and Title: _____

Address 4850 SW 8th ST. Address: _____

CORAL GABLES, FL 33134 _____

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: FREDDY HIRAM SILVA-GARCIA
 Address: 4850 SW 8th ST.
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

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

Name: FREDDY HIRAM SILVA-GARCIA
 Address: 4850 SW 8th ST.
CORAL GABLES, FL 33134

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

/s/ Freddy Hiram Silva-Garcia _____
 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.

/s/ Freddy Hiram Silva-Garcia _____
 Required Signature/Incorporator Date