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November 27, 2023

To Whom It May Concern:

REF: Safe Group, Inc.

My name is Marco A Rios Vergara, I am the President of Safe Group, Inc..

I don't planning to reinstate this company; I want to release the name to Document Number P22000064280

Please open the company again using the same name.

Thank you in advance,

Marco A Rios Vergara Safe Group, Inc.

President

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

. .

	SAFE GROUP, INC.		
ARTICLE II PRINC	Principal <u>street</u> address	Mailing address, if different is:	
2201 S OCEAN DRIVE APT. 708		SAME	
HOLLYWOOD, FL. 3.	3019		
ARTICLE III PURP The purpose for which t	<u>2SE</u> he corporation is organized is:		
			22
			2023 DE
ARTICLE IV SHAR The number of shares of	ES 1000 stock is:		C-4 P
ARTICLE V <u>INITI</u>	AL OFFICERS AND/OR DIRECTORS		PH 2:5
Name and Title	MARCO A RIOS VERGARA (P)	Name and Title:	5
Address 220	2201 S OCEAN DRIVE APT. 708	Address:	
	HOLLYWOOD, FL. 33019		
Name and Title	·	Name and Title:	····
Address		Address:	
Name and Title	·	Name and Title:	
Address		Address:	

Name an	d Title:	Name and Title:
Address		Address:
		-
	REGISTERED AGENT forida street address (P.O. Box NOT acceptable) of	of the registered agent is:
Name:	NATIONS BUSINESS & TAX CENTERS INC	
Address:	5551 N UNIVERSITY DR SUITE 103	-
7100.000	CORAL SPRINGS, FL. 33067	_
ARTICLE VII	INCORPORATOR	
	Idress of the Incorporator is:	
Name:	MARCO A RIOS VERGARA	_
Address:	2201 S OCEAN DRIVE APT. 708	
	HOLLYWOOD, FL. 33019	- -
ARTICLE YIII	EFFECTIVE DATE:	
Effective date, if	other than the date of filing:	
filing.)	iate is listed, the date must be specific and canno	ot be more than five days prior or 90 days after the
	inserted in this block does not meet the applicable ffective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	s for the above stated corporation at the place designated i. gistered agent and agree to act in this capacity
Atm	neit ny	11-28-23 Date
7 (Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in my as provided for in s.817.155. F.S.
		<u> </u>
Requi	red Signature/Incorporator	Date

. . . .