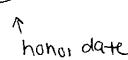
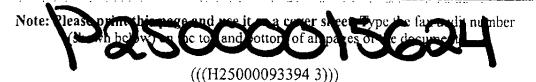
Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet





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Division of Corporations

March 14, 2025 FLORIDA DEPARTMENT OF STATE

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Tim Burch Operations Manager A

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

TELL DEL	NCIDAL OFFICE		
CLE II PKI	NCIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:
NW 102ND PLACE AL, FL 33172		<u></u>	
AL, 1 E 50 11 E	·		
ICLE III PUR	<u>POSE</u> h the corporation is organized is: ANY ANI	D ALL LAWFUL	BUSINESS
purpose for with	if the corporation is organized is.		
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			<u>.</u>
TCLE IV SHA number of shares	of stock is: 100		
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Name and Title:		Name and Title:		
Address		Address:		
		-		
			_	
	REGISTERED AGENT Plorida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Vame:	RAFAEL DE SOUZA ROSA	_		
Address:	2201 NW 102ND PLACE	_		
	DORAL, FL 33172	<u> </u>		
	NIGORAGA (TOR			
	INCORPORATOR			
he <u>name and a</u>	address of the Incorporator is:			
Name:	RAFAEL DE SOUZA ROSA			
Address:	2201 NW 102ND PLACE	_ .		
	DORAL, FL 33172	_		
DATELE VIII	EURECTIVE NATE.			
ffective date, i	EFFECTIVE DATE: f other than the date of filing:	(OPTIONAL)		
f an effective ling.)	date is listed, the date must be specific and can	not be more than five days prior or 90 days after the		
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e document's	effective date on the Department of State's record	s.		
		for the above stated corporation at the place designated in	ı this	
	familiar with and accept the appointment as regist	• •		
/s/Rafa	el De Souza Rosa Required Signature/Registered Agent	03/11/2025		
	Required Signature/Registered Agent	Date		
	cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	re true. I am aware that the false information submitted ony as provided for in s.817.155, F.S.	in a	
s/Rafas	l De Souza Rosa ure/Incorporato	03/11/2025		
equired Signat	wre/Incorporator	Date	_	

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From: Yanet Avila

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To: