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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS
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**FLORIDA PROFIT/NON PROFIT CORPORATION
FIFTH INVESTMENTS CORP**

Certificate of Status	0
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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: FIFTH INVESTMENTS CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

2125 BISCAYNE BOULEVARD. 580A

MIAMI FLORIDA 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSACT ANY LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 OF \$1. PAR VALUE EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: UGO V. CHIARATO Name and Title: P/TIS/D

Address: Address:

2125 BISCAYNE BLVD 580A

MIAMI FL 33137

Name and Title: Name and Title:

Address: Address:

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: _____ **Ugo V. Chiarato**
Address: _____ **Certified Public Accountant**
_____ **Florida & New York States**
_____ **2125 Biscayne Boulevard - Suite 580 A**
_____ **Miami, Florida 33137**

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: _____ **SIMONE MARSIGLIA**
Address: _____ **2125 BISCAYNE BLVD 580 A**
_____ **MIAMI FL 33137**

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: **Nov 8, 2017** (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

Ugo V. Chiarato

Required Signature/Registered Agent

Nov 8, 2017

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 1.817.155, F.S.

Required Signature/Incorporator

Nov 8, 2017

Date