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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
CAB CAPITAL GROUP CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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SECRET
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)SECRETARY OF STATE
TALLAHASSEE, FLARTICLE I NAME

The name of the corporation shall be: CAB CAPITAL GROUP CORP

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

800 SE 4TH AVE

HALLANDALE BEACH, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS, INVESTMENT IN REAL

STATE, GENERAL INVESTMENT, CONSULTING.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEIF DANIEL FERNANDEZ (P)

Name and Title:

Address 55 SW 9TH ST STE 4404

Address:

MIAMI, FL 33130

Name and Title: DIEGO BAQUERO (VP)

Name and Title:

Address 805 S MIAMI AVE STE 2203

Address:

MIAMI, FL 33130

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: DAVID FERNANDEZ
Address: ONE SOUTHEAST THIRD AVE STE 2120
MIAMI, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DIEGO BAQUERO
Address: 805 S MIAMI AVE STE 2203
MIAMI, FL 33130

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

David Fernandez P.A.
Required Signature/Registered Agent

09-20-2021
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.

[Signature]
Required Signature/Incorporator

09-20-2021
Date

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TALLAHASSEE, FL