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Division of Corporations

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Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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## FLORIDA PROFIT/NON PROFIT CORPORATION MEGARED TELECOM CORP

SEDIMO

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

CLE I NAME  The corporate of the corpora	CIDAL OFFICE		
	Principal street address  T	Mailing address, if different is: 1600 NW 20TH ST  Miami, FL 33142	
mi FL 33142			
CLE III PURP urpose for which	OSE Any a the corporation is organized is:	and lawful business.	
CLE IV SHAR	<u>ues</u> 200		
CLE IV SUAB amber of shares o	<u>P.S</u> Stock is: 200		
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Name ar	nd Title: Name and Title.
Addres	Address:
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	JHOSSENMY CRISTAL FERNANDEZ NOESI-DIRECTOR
Address:	1600 NW 20TH ST
	MIAMI FL 33142
<u>ARTICLE VII</u>	INCORPORATOR
The name and a	Idress of the Incorporator is:
Name:	JHOSSENMY CRISTAL FERNANDEZ NOESI-DIRECTOR
Address:	180 MADISON AVENUE
	PATERSON, NJ 07524
ARTICLE VIII	EFFECTIVE DATE:
Effective date, if	other than the date of filing:
Note: If the date the document's e	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ffective date on the Department of State's records.
	ted as registered agent to accept service of process for the above stated corporation at the place designated in this amiliar with and accept the appointment as registered agent and agree to act in this capacity
	Phossenmy Formanday 6/22/2023 Required Signature/Registed Agent Date
I submit this doc document to the l	ument and affirm that the facts stated herein are true. I am aware that the false information submitted in a Department of State ponstitutes a third degree felony as provided for in s.817.155, F.S.
Required Signatu	Thus sommy Flerands Date 6/20/2023
redance pifum	C / Date