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FLORIDA PROFIT/NON PROFIT CORPORATION

Meda Milo Inc.

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ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

The name of the	<u>NAME</u> corporation shall be:	Meda Milo Inc.				
<u>ARTICLE II</u>	PRINCIPAL OFFICE					
. 3420	Principal <u>street</u> addres 0 eas: palm ct	SS:		Mailing address, if different is:		
- Hiale	eah , FL 33013					
ARTICLE III The purpose for	PURPOSE r which the corporation i	s organized is:R	eligious services			_
			<u> </u>			
						_
	**					<u> </u>
ARTICLE IV	MANNER OF ELECT	TION The manner	r in which the directors	are elected and appointed: Majority vot	e by board r	nembers
ARTICLE V	INITIAL OFFICERS	4ND/OR DIRECTO	<u>ORS</u>		2011	
Name and Title:	Leysvel Salcedo	Director	Name and Title:			\$ 15 \$ 15 \$ 15
Address	3420 east palm ct		Address:		149	
	Hialeah, FL 33013	<u> </u>			12: 15	
Name and Title:			Name and Title:			.,
Address	-					
-						
Name and Title:						
Address _			Address:	<u> </u>		
-			 ,			

To: 18506176383 From: 19165767051 Date: 08/14/20 Time: 10:23 AM Page: 04/04

Name and _		Name and Title:	
Title: Address _		Address:	
			
Name and		Name and Title:	
Title: Address		Address:	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
·			
	<u>REGISTERED AGENT</u> orida s <u>treet address</u> (P.O. Box NOT acc	entable) of the registered agent is:	
		eptable) of the registered again is:	
Name:	Leysvel Salcedo		
Address :	3420 east palm Ct		
	Hialean, FL 33013		
	INCORPORATOR		
The <u>name and ad</u>	dress of the Incorporator is		
Name.	Steven Zenovieff		
Address.	2804 Gateway Oaks Drive, Ste 100		
	Sacramento, CA 95833		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if o	other than the date of filing:	(OPTIONAL)	or off to an formal of the a
(II an ellective di	ite is listed, the date must be specific and	d cannot be more than live days prio	er or 90 days after the filing.)
	inserted in this block does not meet the approved the approved attentions the Department of State's reconstructions.		his date will not be listed as the
certificate. Lam fa	ned as registered agent to accept service of pulliar with and accept the appointment as	registered agent and agree to act in th	
1/0	seval Salonda	, <u> </u>	73/10/2020
	Required Signature of Registered.	Agent	Date
l submit this docu	ment and affirm that the facts stated herei of State constitutes a third degree felony a	n are true. I am aware that any false it	aformation submitted in a document
			06/02/2020
	Required Signature of Incorp	orator	Date
	2		