20200011023 CARLOS JITRIC

7990 S W 117 AVENUE SUITE 201 MIAMI, FL 33183

02 OCT 10 PM 9:50

SECRETARY OF STATE TALLAMASSEE, FLORIDA

Department of State Division of Corporations P O Box 6327 Tallahassee, Florida 32314

RE: STRENGTH MORTGAGE & INVESTMENT, INC

Enclosed is a check for \$ 78.75 and two copies of the articles of incorporation for STRENGTH MORTGAGE & INVESTMENT, INC

Please return a certified copy to the registered agent of the corporation:

CARLOS JITRIC 7990 S W 117 AVENUE SUITE 201 MIAMI, FL 33183

Thank you for your attention to this request.

Sincerely,

III

ARTICLES OF INCORPORATION

FILED

OF

02 OCT 10 PM 9:50

SECRETARY UP STATE TALLAHASSEE, FLORIDA

STRENGTH MORTGAGE & INVESTMENT, INC

The undersigned incorporators, for the purpose of forming a corporation under the Florida Corporation Act, Hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

STRENGTH MORTGAGE & INVESTMENT, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:

7990 S W 117 AVENUE SUITE 201 MIAMI, FL 33183

ARTICLE III CAPITAL STOCK

The number of Shares of Stock that this corporation is authorized to issue and have outstanding at any one time is:

10,000 (Ten Thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent and the initial office of the corporation is:

CARLOS JITRIC 7990 S W 117 AVENUE SUITE 201 MIAMI, FL 33183

ARTICLE V INCORPORATORS

The name and street address of the incorporators to these Articles of Incorporation are: 02 007 10 PM 9:50

CARLOS JITRIC 7990 S W 117 AVENUE SUITE 201 MIAMI, FL 33183 SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned have executed these Articles of Incorporation this 2 Day of

Signature

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT N THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION OF REGISTERED AGENT

Signature

Date