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SECRETARY OF STATE
DIVISION OF CORPORATIO

CORPORATE FILING SER	VICE		
3320 SW 87 TH AVENUE			
MIAMI, FL 33165 (305) 552-5	5973		
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CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (ii	(known):	
I RED ZONE & AGI	EMENT, IN	C.	
(Corporation Name)	(Document #)		
2.	mas .		
(Corporation Name)	(Document #)		
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(Corporation Name)	(Document #)		
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OTHER FILINGS	REGISTRATION/	QUALIFICATION.	
Annual Report	☐ Foreign		
Fictitious Name	Limited Partner	rship	
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CR2E031(7/97)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

06 DEC -5 PM 1:07

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

RED ZONE & Agreement, ine.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

6011 ROSMAN ST SUITE 206. HOLLYWOOD, FC 33023. ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HECTOR SUAREZ 2210 SN 129 AVE 1410M', FL. 33175

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

HECOR SUAKER 2210 SW 129 AVE MIGMI, FL, 33175

The undersigned incorporator has executed these Articles of Incorporation this day of 200

Signature

ARTICLE VI DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

HECTOR SUBARE PRESIDENT.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

SECRETARY OF STATE NI NISION OF CORPORATION