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CORPORATE FILING SERVICE

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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time Walk in ☐ Will wait Photocopy Certificate of Status Mail out **NEW FILINGS AMENDMENTS Profit** Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability ☐ Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report □ Foreign Fictitious Name Limited Partnership Reinstatement **Trademark** Other **Examiner's Initials**

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ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF DATE **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:

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS **CORPORATION SHALL BE:**

> 15429 SW 8LN MIAMI, Fl. 33194

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

<u> ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

PABLO FUMERO 15429 SW 8LA MI AMI, 7. 33194

ARTICLE V - INCORPORATOR

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

PABLO J. FUMERO 15429 SW 8 LA MIAMI, Fl. 33194

ARTICLE VI- DIRECTOR (S)

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

PABLO FUMERO (7) 15429 SW 841 MIAMI, Fl. 33194

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