

07/12/2031

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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
TRILATERAL HOLDING INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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#6514 P.002/003
P.003

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: TRI LATERAL HOLDING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

x 848 BRICKELL AVE SUITE 410
MIAMI FL 33131

PO BOX 310999
MIAMI FL 33231

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INCORPORATED

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PAUL A. SCHERMAN
Address: 848 BRICKELL AVE SUITE 410
MIAMI FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAUL A. SCHERMAN
Address: 848 BRICKELL AVE SUITE 410
MIAMI FL 33131

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]
Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

Date

H13000193330