## Florida Department of State

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	INCIPAL OFFICE Principal street address 89th TERR.	Mailing SAME	address, if different is:
MI GARDE	NS, FL 33055		
		<del> </del>	
	the corporation is organized is:	· · · · · · · · · · · · · · · · · · ·	
Y AND A	ALL LAWFUL BUISNE	SS	
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	TIAL OFFICERS AND/OR DIRECTOR	 R <u>s</u>	13 NO SECR TALLA
	TIAL OFFICERS AND/OR DIRECTOR ARMANDO A. PEREZ ORTIZ (P/D)	RS Name and Title:	APP NOV
LE V INI	TIAL OFFICERS AND/OR DIRECTOR		NOV -6
Name and Titl	TIAL OFFICERS AND/OR DIRECTOR ARMANDO A. PEREZ ORTIZ (P/D)	Name and Title:	NOV -6 PM
Name and Titl	TIAL OFFICERS AND/OR DIRECTOR CARMANDO A. PEREZ ORTIZ (P/D) 5022 NW 189th TERR.	Name and Title:	NOV -6 PM S
Name and Titl	TIAL OFFICERS AND/OR DIRECTOR CARMANDO A. PEREZ ORTIZ (P/D) 5022 NW 189th TERR.	Name and Title:	NOV -6 PM
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR  C. ARMANDO A. PEREZ ORTIZ (P/D)  5022 NW 189th TERR.  MIAMI GARDENS, FL 33055	Name and Title: Address:	NOV -6 PM 5: C
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR  C. ARMANDO A. PEREZ ORTIZ (P/D)  5022 NW 189th TERR.  MIAMI GARDENS, FL 33055	Name and Title: Address:	NOV -6 PM 5: C
Name and Title Address  Name and Title	TIAL OFFICERS AND/OR DIRECTOR  C. ARMANDO A. PEREZ ORTIZ (P/D)  5022 NW 189th TERR.  MIAMI GARDENS, FL 33055	Name and Title:  Address:  Name and Title:	NOV -6 PM 5: C
Name and Title Address  Name and Title	TIAL OFFICERS AND/OR DIRECTOR  C. ARMANDO A. PEREZ ORTIZ (P/D)  5022 NW 189th TERR.  MIAMI GARDENS, FL 33055	Name and Title:  Address:  Name and Title:	NOV -6 PM 5: C
Name and Title Address  Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR  C. ARMANDO A. PEREZ ORTIZ (P/D)  5022 NW 189th TERR.  MIAMI GARDENS, FL 33055	Name and Title: Address:  Name and Title: Address:	NOV -6 PM 5: CO
Name and Title Address  Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR  ETAMANDOTA. PEREZ ORTIZ (P/D)  5022 NW 189th TERR.  MIAMI GARDENS, FL 33055	Name and Title: Address:  Name and Title: Address:	NOV -6 PM 5: CO

(conti.)

Address	A	.ddress:
ARTICLE VI	REGISTERED AGENT	
Name:	orida street address (P.O. Box NOT acceptable) of the ARMANDO A. PEREZ ORTIZ	: registered agent is.
Address:	5022 NW 189th TERR.	
Address.	MIAMI GARDENS, FL 33055	. Fo. 1
		EC: 3
ARTICLE VII	INCORPORATOR	NOV -
The name and ad	Idress of the Incorporator is:	-6 ASSE
Name:	ARMANDO A. PEREZ ORTIZ	्रिट <b>प्र</b>
Address:	5022 NW 189th TERR.	5: 08 STATE LORID
	MIAMI GARDENS, FL 33055	AIE AIE
Having been nan this-certificate, I-c	ned as registered agent to accept service of process for am familiar with and accept the appointment as registe B	r the above stated corporation at the place design cred-agent and agree to act in this capacity
	Required Signature/Registered Agent	Date
I submit this doc document to the l	ument and affirm that the facts stated herein are tru Department of State constitutes a third degree felory as	e. I am aware that the false information submitte s provided for in s.817.155, F.S.