Division of Corporations Electronic Filing Cover Sheet

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	Division of Com	gp.	orations		3" "	1
	Fax Number	:	(850)617-6381		55.72 177	) P
From:					۰-۱ <sup>*</sup>	~
	Account Name	:	EXPRESS CORPORATE FILI	NG	SERVICE	250
	Account Number	:	12000000146		المر ليح	. G
	Phone	:	(305) 444-4994			
	Fax Number	:	(305) 444-4977			
			business entity to be only one email address			
Email Addres	s:					
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## FLORIDA PROFIT/NON PROFIT CORPORATION FLT HOLDINGS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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

The name of the corporation shall	II be: FLT HOLDIN	4GS, 1	NO.					
ARTICLE II PRINCIPAL OFFICE Principal street address 8395 SW 73 AVE #906			Mailing address, if different is: 8395 SW 73 AVE #900					
MIAMI, FL 3314					33143			
					<del></del>	<del></del> -		
ARTICLE III PURPOSE The purpose for which the corpo								
ANY AND ALL I	_AWFUL BUSIN	IESS						
						<del></del>		
					7 (2)	14,		
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					بر رونت	PH		
ARTICLE IV SHARES The number of shares of stock is:	100					2: 05		
ARTICLE V INITIAL O	FFICERS AND/OR DIREC	TORS			``Jan'`	,		
Name and Title:	N M. LORENZ-TALLEYRAND (P/D	) Name	and Title:					
	SW 73 AVE #906	Addr	ess:					
MIAI	MI, FL 33143				<del>,</del>			
		<del></del>	<u></u>					
Name and Title:		Name	and Title:					
Address		Addr	ess:	<del></del>	<del></del>			
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Address		Addr				•		
<u></u>		<del></del>					<del> </del>	

(conti.)

Name	and Title: Name and Title:	
Addr	ess Address:	
he name and	Florida street address (P.O. Box NOT acceptable) of the registered agent is:	<del>-</del>
Name:	FABIAN M. LORENZ-TALLEYRAND	14 JUL
Address:	8395 SW 73 AVE #906	L-2
	MIAMI, FL 33143	m P
RTICLE VI	<u>INCORPORATOR</u>	1 2: 0
he <u>pame and</u>	address of the Incorporator is:	<b>≫</b> ™ 01
Name:	FABIAN M. LORENZ-TALLEYRAND	
Address:	8395 SW 73 AVE #906	
	MIAMI, FL 33143	
laving been n his certificate,	named as registered agent to accept service of process for the above stated co I am familiar with and accept the appointment as registered agent and agree	rporation at the place designated i to act in this capacity
<		JULY 02, 2014
	Required Signature/Registered Agent	Date
	locument and affirm that the facts stated herein are true. I am aware that the Department of State constitutes a third degree felony as provided for in s.81	
•		JULY 02, 2014
	Required Signature/Incorporator	Date