

Florida Department of State

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FLORIDA PROFIT/NON PROFIT CORPORATION 2 Maria's Inc.

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ARTICLES OF INCORPORATION

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:

2 Maria's Inc.

ARTICLE II PRINCIPAL OFFICE

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

4100 10th Avenue N. #4124 Lake Worth, FL 33461

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Maria Lopez-Uriostegui 4599 Jaime Place Lake Worth, FL 33463

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

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

Maria Figueroa - Director 4293 Violet Circle, Lake Worth, FL 33461

Maria Lopez-Uriostegui - Director 4599 Jaime Place, Lake Worth, FL 33463

ARTICLE VI INCORPORATOR(S)

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

Maria Figueroa 4293 Violet Circle, Lake Worth, FL 33461

Maria Lopez-Uriostegui 4599 Jaime Place, Lake Worth, FL 33463

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28th day of August 20 14

Maria Figueroa

Maria Lopez-Uriostegui Signati

SIGNATURE

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

The name and address of the regi	stered agent and office is:			
The name and address of the regi	istered agent and office is:			
The name and address of the regi	istered agent and office is:			
	Maria Lopez-Uriostegui			
	Name	_		
	4599 Jaime Place			
	(P.O. Box or Mail Drop Box NOT Acceptable)	Hage-		
	Lake Worth, FL 33463			
	(City / State / Zip)			
rporation at the place designat wnt and agree to act in this cap lating to the proper and comple	l agent and to accept service of process for the above stated ted in this certificate, I hereby accept the appointment as reg pacity. I further agree to comply with the provisions of all the tete performance of my duties, and am familiar with and accept the start against.	jistered e statutes	e	
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