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**FLORIDA PROFIT/NON PROFIT CORPORATION
MASTER-GEN, INC.**

Certificate of Status	0
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**ARTICLES OF INCORPORATION
OF
MASTER-GEN, INC.**

The undersigned corporation, for the purpose of forming a Corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: **MASTER-GEN, INC.** The principal place of business of this corporation shall be: **9930 NW 10TH TERRACE, MIAMI, FL 33172.**

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is ~~authorized to have outstanding at any one time is: 100 shares at \$1.00 per share.~~

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS DIRECTORS

The name and street address of the initial officers and directors, if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

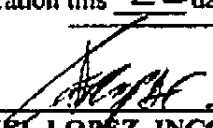
GABRIEL LOPEZ
President, Secretary, Treasurer
9930 NW 10TH TERRACE
MIAMI, FL 33172

ARTICLE VI INCORPORATOR (S)

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

GABRIEL LOPEZ
9930 NW 10TH TERRACE
MIAMI, FL 33172

IN WITNESS THEREOF, the undersigned incorporator has executed these Articles of Incorporation this 25 day of February, 2016.



GABRIEL LOPEZ, INCORPORATOR

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**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: **MASTER-GEN, INC.**
2. The name and address of the registered agent and office is:

**GABRIEL LOPEZ
9930 NW 10TH TERRACE
MIAMI, FL 33172**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.




GABRIEL LOPEZ, REGISTERED AGENT

STATE OF FLORIDA)

) S.S.

COUNTY OF DADE)

THE FOREGOING instrument was acknowledged and sworn to before me this 25 day of 02, 2016 by Gabriel Lopez, who provided to me on the basis of satisfactory evidence to be the person(s) who appeared before me Personally Known or
☒ Produced Identification. Type of ID L120-285-90-009 License



NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:



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