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16 MAR -3 31

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

ALLIAHASSRE FLORIDA The name of the corporation shall be:_____ ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address 19020 NW 11 AVE SAME MIAMI GARDENS, FL 33169 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS The number of shares of stock is:____ ARTICLE IV SHARES ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: ELVIA MURPHY (P/S/D) Name and Title: 192020 NW 11 AVE Address __ Address: MIAMI GARDENS, FL 33169 Name and Title:______ Name and Title:_____

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

_____ Address:

Name ar	nd Title:	Name and Title:	
Address	s	Address:	
	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT acceptable ELVIA MURPHY	e) of the registered agent is:	
Address:	19020 NW 11 AVE		
11111111111	MIAMI GARDENS, FL 33169		
		· ·	
	INCORPORATOR		
The name and a	ddress of the Incorporator is: ELVIA MURPHY		
Name:	ELVIA WORTH I		
Address:	19020 NW 11 AVE		
	MIAMI GARDENS, FL 33169		
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and calling.)	. (OPTIONA)	
	e inserted in this block does not meet the application of State's recor		ts, this date will not be listed as
Having been nat this certificate. I	med as registered agent to accept service of pro pm familiar with and accept the appointment as	cess for the above stated corpo registered agent and agree to	ration at the place designated it act in this capacity
			MARCH 02, 2016
0/	Required Signature/Registered Agent		Date
I submit this document to the	cument yeu affirm that the facts stated herein Deputyment yf State canstitutes a third degree f	are true. I am aware that the elony as provided for in s.817.	false information submitted in a 155, F.S.
\mathcal{L}	111/1-		MARCH 02, 2016
Requ	moderignature/Incorporator		Date