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1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Email: filing@ecfsfiling.com

Office U	se Only	

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

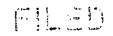
1.	A R A 8895, CORP				
	(CORPORATE NAME)	(DOCUMENT #)	FSE ESE	2017	
2.				HAL	j
-	(CORPORATE NAME)	(DOCUMENT #)	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	1
3.	(CORPORATE NAME)	(DOCUMENT #)		1: 59	* tro.u. 4
] Walk-In Pick up time:	Certified Copy Certifica	te Of St	atus	

	New Filings &
X	Profit
	Non-Profit
	Limited Liability
	Other:

t i	Amendments
	Amendments
	Resignation
	Dissolution/Withdrawal
	Other:

Ciner Filings				
	Annual Report			
	Fictitious Name			
	Apostille:			
	Other:			

Examiners In	iitials	



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

The name of the corporat	tion shall be:		2017 JAN 25	- YH 1: :
ARTICLE II PRINC			SECOLI). A dress, if different is: S	
1756 SW 8 STREET U	NIT: 103			
MIAMI, FL 33135				
ARTICLE III PURPO The purpose for which the	DSE he corporation is organized is:	ND ALL LAWFUL BUSINESS		
I <u>RTICLE V</u> INITIA	ES stock is: IL OFFICERS AND/OR DIRECTORS GUILLERMO KOU (P)			
Name and Title Address	1756 SW 8 STREET UNIT: 103	Name and Title:		
Address		A ddrago;		
	MIAMI, FL 33135			
Name and Title:	MIAMI, FL 33135		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name and Title: Address		Name and Title: Address:		
		Name and Title: Address:		
Address		Name and Title: Address:		
Address		Name and Title: Address: Name and Title:		

Name ar	nd Title:	Name and Title:	
Address		Address:	
			
	REGISTERED AGENT	N. Cal	
Name:	<u>lorida street address</u> (P.O. Box NOT acceptable GUILLERMO KOU	e) of the registered agent is:	Zg S
Address:	1756 SW 8 STREET UNIT: 103	<u> </u>	
Address.	MIAMI, FL 33135	_	
ARTICLE VII	<u>INCORPORATOR</u>		The state of the s
The <u>name and a</u>	ddress of the Incorporator is:		259 653 :
Name:	GUILLERMO KOU		
Address:	1756 SW 8 STREET UNIT: 103		
	MIAMI, FL 33135		
ARTICI E VIII	EFFECTIVE DATE:		
Effective date, if	f other than the date of filing:date is listed, the date must be specific and ca	. (OPTIONA nnot be more than five days	L) prior or 90 days after the
	e inserted in this block does not meet the application of State on the Department of State's recon		nts, this date will not be listed as
	med as registered agent to accept service of pro am familiar with and accept the appointment as		
7 P	7		01/23/2017
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein Department of State constitutes a third degree f		
£ ^	7	-	01/23/2017
D. Beeff	ired Signature/Incorporator		Date