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MAY 0 5 2016

T. SCOTT

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

ARTICLE II PR	Principal street address		Mailing address, if diff	erent is:
10711 SW 216	St, Ste 100			
Miami, FL 331	70-3182			
ARTICLE III PU. The purpose for whi	RPOSE ich the corporation is organized is: Ar	ny Lawful and Leg	al Business.	
				13.3
				Tig.
				(/ C
ARTICLE V IN	s of stock is: 1000 shares @ \$0.01 per		Christina Ameng	TATE ORIDA
The number of share ARTICLE V INI Name and 1	stof stock is: 1000 snares @ \$0.01 per ITIAL OFFICERS AND/OR DIRECTORS Title: Scott Collman, President	Name and Title	Christina Ameng	ORIO P
The number of share ARTICLE V IN	s of stock is: 1000 shares @ \$0.01 per		. Christina Ameng 10711 SW 216 St. Miami, FL 33170	ORIOD Formula VP/Tr
ARTICLE V IND Name and Address	ritle: Scott Collman, President	Name and Title	10711 SW 216 St. : Miami, FL 33170	ORIOD Formula VP/Tr
ARTICLE V IND Name and Address	ATIAL OFFICERS AND/OR DIRECTORS Title: Scott Collman, President	Name and Title Address:	10711 SW 216 St. : Miami, FL 33170	Qual VP/Tr Ste 100
The number of share ARTICLE V INI Name and Address Name and T	Title: Scott Collman, President 10711 SW 216 St. Ste 100 Miami, FL 33170-3182	Name and Title Address: Name and Title	10711 SW 216 St. : Miami, FL 33170 Luis Pena	OR OP TO Ste 100 -3182
ARTICLE V INI Name and Address Name and T Address	Title: Scott Collman, President 10711 SW 216 St. Ste 100 Miami, FL 33170-3182 Fille: Russell Rosa, CTO 10711 SW 216 St, Ste 100	Name and Title Address: Name and Title Address: Address:	10711 SW 216 St. : Miami, FL 33170 Luis Pena 10711 SW 216 S	OR STATE OF THE PROPERTY OF T

Name and Title:		Name and Title:		
Addre	ss	Address:		
RTIÇLE VI	REGISTERED AGENT			
the <u>name and</u>	Florida street address (P.O. Box NOT acceptable) of the registered agent is:		
Name:	Scott Collman	<u> </u>		
Address:	10711 SW 216 St, Ste 100			
	Miami, FL 33170-3182			
ARTICI F VII	INCORPORATOR			
the <u>name and</u>	address of the Incorporator is: Scott Collman			
Name:		<u> </u>		
Address:	10711 SW 216 St, Ste 100			
	Miami, FL 33170-3182			
(RTICLÉ VIII	I EFFECTIVE DATE:			
Effective date.	if other than the date of filling: 05/01/17	(OPTIONAL)		
If an effective iling.)	clate is listed, the date must be specific and cat	nnot be more than five days prior or 90 days after the		
•		ble statutory filing requirements, this date will not be listed as		
he document's	effective date on the Department of State's recor-	ds.		
Having been g	(med as registered agent to accept service of pro- I am familiar with und accept the appointment as	cess for the above stated corporation at the place designated in		
ura certificate	and an art of the appointment of	05/01/17		
	Required Signature/Registered Agent	Date		
' submit this d	ocument and affirm that the facts stated herein	are true. I am aware that the false information submitted in a		
locument to th	Department of State constitutes a third degree for	tlony as provided for in s.817.155, F.S.		
	\ ^ 711//H			
	Ced to all 14a	05/01/17		