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Division of Corporations

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: (850)617-6381

From:

Account Name : USACORP INC. Account Number : 120130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 5

Email Address:_____

ABW@STARWARNER.COM

FLORIDA PROFIT/NON PROFIT CORPORATION ABW INC.

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ARTICLES OF INCORPORATION

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

| TCLE <u>II PRIN</u> | CIPAL OFFICE | | |
|--|--|--|-------------------------|
| | Principal street address | Mailing ad | dress, if different is: |
| S COLLINS AVE | | | |
| RFSIDE, FL 33154 | | | |
| | | | |
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| TCLE III PURP purpose for which | OSE the corporation is organized is: | Il lawful business. | |
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| number of shares o | r stock is: | | |
| number of shares o | Stock is: | | |
| number of shares o TICLE V INITE Name and Tit | AL OFFICERS AND/OR DIRECTORS BELLE ALAN B WARNER, PRESIDENT 9455 COLLINS AVE | Name and Title: | · |
| number of shares o | AL OFFICERS AND/OR DIRECTORS BELLE ALAN B WARNER, PRESIDENT 9455 COLLINS AVE | | · |
| number of shares o TICLE V INITE Name and Tit | AL OFFICERS AND/OR DIRECTORS ALAN B WARNER, PRESIDENT 9455 COLLINS AVE SURFSIDE, FL 33154 | Name and Title:Address: | |
| number of shares of the shares of the share and Tit Address | AL OFFICERS AND/OR DIRECTORS ALAN B WARNER, PRESIDENT 9455 COLLINS AVE SURFSIDE, FL 33154 | Name and Title: Address: | |
| number of shares | AL OFFICERS AND/OR DIRECTORS ALAN B WARNER, PRESIDENT 9455 COLLINS AVE SURFSIDE, FL 33154 | Name and Title: Address: | |
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| Name and Titl Address Name and Titl Address | AL OFFICERS AND/OR DIRECTORS ALAN B WARNER, PRESIDENT 9455 COLLINS AVE SURFSIDE, FL 33154 | Name and Title: Address: Name and Title: Address: | |
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| Name and Tit Address Name and Titl Address | AL OFFICERS AND/OR DIRECTORS ALAN B WARNER, PRESIDENT 9455 COLLINS AVE SURFSIDE, FL 33154 | Name and Title: Address: Name and Title: Address: Name and Title: Name and Title: | |

$_{\rm Jul~20,~2017~10:44~AM~To:~18506176381}$ Page 3/3 From; Electronic Fax Server (((H17000190231-3)))

| Name and | d Title: | Name and Title: |
|--|--|--|
| Address | | Address: |
| | | |
| ARTICLE VI | REGISTERED AGENT | |
| The <u>name and FI</u> Name: | orida street address (P.O. Box NOT acco ALAN B WARNER | :ptable) of the registered agent is: |
| Address: | 9455 COLLINS AVE | |
| | SURFSIDE, FL 33154 | · · · · · · · · · · · · · · · · · · · |
| <u>ARTICLE VII _</u> | INCORPORATOR | ; ∖.÷ ⊃ |
| The name and ac | ddress of the Incorporator is: | ·• |
| Name: | ALAN B WARNER | |
| Address: 9455 COLLINS AVE | 9455 COLLINS AVE | |
| | SURFSIDE, FL 33154 | |
| Effective date, if (If an effective d | | . (OPTIONAL) nd cannot be more than five business days prior or 90 business |
| Note: If the date the document's e | | applicable statutory filing requirements, this date will not be listed a records. |
| this certificate, I | am familiar with and accept the appointn | of process for the above stated corporation at the place designated tent as registered agent and agree to act in this capacity |
| /S/ A | LAN B WARNER | 7/20/17 |
| | Required Signature/Registered | Agent Date |
| I submit this doc document to the | ument and affirm that the facts stated h Department of State constitutes a third de | erein are true. I am aware that the false information submitted in gree felony as provided for in s.817.155, F.S. |
| | LAN B WARNER | 7/20/17 |
| Requi | red Signature/Incorporator | Date |