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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION AGUSTIN DUARTE PA

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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Houstin Durte F.A. of Doc#

Pliono 101081 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

AGUSTIN DUARTE

H18000048385

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

ARTICLE I The name of the o	NAME corporation shall be: AGUSTIN D	UARTE PA		
	PRINCIPAL OFFICE Principal street address	Mailing address, if differ	Mailing address, if different is:	
2520 SW 22 8	TREET	77.00		
2377				
MIAMI, FL 331				
ARTICLE III	PURPORE			
	which the corporation is organized is: REAL E	STATE		
No. 100 (100 (100 (100 (100 (100 (100 (100				
			- 	
V. 1				
			. . .	
		i.	A ₹	
ARTICLE IV	SHARES ares of stock is: 100		6	
				
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	<u>rs</u>		
Name and Title: AGUSTIN DUARTE, PRESIDENT		Name and Title:		
Address	2520 SW 22 STREET, 2377	Address:		
	MIAMI, FL 33145			
			····	
Name and Title:		Name and Title:		
Address		Address:		
		·		
Name an	d Title:	Name and Title:	<u> </u>	
Address		Address:	······································	
	7			

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Name and Title:		Name and Title:	
Addres	.	Address:	
		 .	
		-	
	REGISTERED AGENT	C4	
Name:	Forida street address (P.O. Box NOT acceptable) AGUSTIN DUARTE	or the registered agent 13:	
Address;	2520 SW 22 STREET, 2377		
	MIAMI, FL 33145		
ARTICLE VII	INCORPORATOR		
The name and s	address of the Incorporator is:		
Name:	AGUSTIN DUARTE		
Address:	2520 SW 22 STREET, 2377		
	MIAMI, FL 33146	_	
Having been no this certificate, i	uned as registered agent to accept service of proc am familiar with and accept the appointment as	ess for the above stated corporat registered agent and agree to act	ion at the place designated in in this capacity
✓ (2-9-18
-	Required Signature/Registered Agent.		Date
i submit this do document to the	cument and affirm that the facts stated herein a Department of State constitutes a third thegree fel	re true. I am aware that the fall lony as provided for in s.817.155,	te Information animitted in a , F.S.
✓ (2-9-18
******	Required Signature/Incorporator	,	Date