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Florida Department of State
Division of Corporations
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FLORIDA DEPARTMENT OF
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
MIZU STUDIO INC

Certificate of Status	0
Certified Copy	1
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N. SAMS

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FAX No.

P. 002/003

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

ARTICLE I NAME
The name of the corporation shall be: MIZU STUDIO INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10022 NW 7TH ST UNIT 108

MIAMI, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SANTIAGO SOSA (P)

Name and Title: _____

Address 10022 NW 7TH ST UNIT 108

Address: _____

MIAMI, FL 33172

Name and Title: LEONARDO SOSA (V/P)

Name and Title: _____

Address 10022 NW 7TH ST UNIT 108

Address: _____

MIAMI, FL 33172

Name and Title: ALEJANDRA COLLAZOS (T)

Name and Title: _____

Address 10022 NW 7TH ST UNIT 108

Address: _____

MIAMI, FL 33172

18 APR 24 PM 3:01
TALLAHASSEE, FLORIDA

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

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: SANTIAGO SOSA
 Address: 10022 NW 7TH ST UNIT 108
MIAMI, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SANTIAGO SOSA
 Address: 10022 NW 7TH ST UNIT 108
MIAMI, FL 33172

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Santiago Sosa 04/19/2018
 Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Santiago Sosa 04/19/2018
 Required Signature/Incorporator Date

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 DEPT. OF STATE
 TALLAHASSEE, FLORIDA