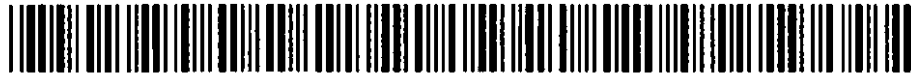


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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000152154 3))



H180001521543ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY 16 AM 11:53

RECEIVED
2018 MAY 16 PH 12:36
REGISTRATION
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
Nakata Management, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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

ARTICLE I NAME Nakata Management, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
10155 Collins Avenue, 1803 _____
Bal Harbour, Fl. 33154 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: "Any and all lawful business"

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Director	Name and Title: Mehi River Corp.
Address: Bayside Executive Park, Building No. 1	Address: _____
West Bay Street and Blake Road	_____
P.O. Box SP 63131, Nassau, Bahamas	_____

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

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY 16 AM 11:53

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: CT Corporation System
 Address: 1200 South Pine Island Road
Plantation, FL 33324

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gnry Silberman, Esq.
 Address: 2665 South Bayside Drive, Suite 725
Coconut Grove, FL 33133

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 15, 2018 (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

By: CT Corporation System
[Signature] 5/15/18
 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.

[Signature] 5/15/18
 Required Signature/Incorporator Date