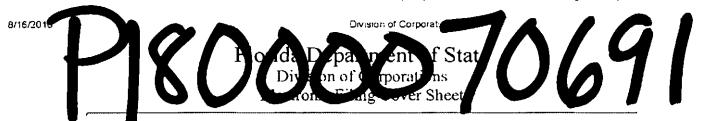
To: 18506176381 From: 14694451465 Date: 08/16/18 Time: 9:59 AM Page: 01/03



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.

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To:

Division of Corporations

Estimated Charge

Fax Number

: (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

| ⊈ E mail | Address: | | |
|-----------------|----------|------|------|
| | | | |

PH 2: 06

FLORIDA PROFIT/NON PROFIT CORPORATION SGF Investment Holdings, Inc.

| 1 |
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| 02 |
| _ |

2018 AUG 16 AM 10: 4 SECRETARY OF STATE TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

\$78.75

To: 18506176381 From: 14694451465 Date: 08/16/18 Time: 9:59 AM Page: 02/03

(((H180002398213)))

ARTICLES OF INCORPORATION

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

| CLE III PURPOSE urpose for which the co | rporation is organized is:Sal | PO Box 667646 Miami, FL 3316 | | | |
|---|---|---------------------------------------|---|--|--|
| ourpose for which the co | | Miami, FL 3316 | _ | | |
| | rporation is organized is: <u>Sal</u> | | Miami, FL 33166 | | |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | |
| | | | | | |
| | · | | | | |
| | | | | | |
| TICLE IV SILARES number of shares of stock | is: | | | | |
| TICLE V INITIAL OI | FFICERS ANIVOR DIRECTORS | | | | |
| Name and Title: | Roberto D. Gonzalez - Presider | It Name and Title: | | | |
| Address1 | 4025 SW 22 St | Address: | | | |
| | Miami, FL 33175 | | | | |
| | | | | | |
| | | | 2010 SEI TI | | |
| | Provehoga Baldvich VD | | TALL TALL | | |
| | Franchesca Baldrich - VP | - | AUG LLA | | |
| Address 5 | Franchesca Baldrich - VP 5202 SW 127 Ct | - | AUG 16 RETARY | | |
| Address 5 | Franchesca Baldrich - VP | - | AUG LLA | | |
| Address 5 | Franchesca Baldrich - VP 5202 SW 127 Ct | - | AUG 16 RETARY | | |
| Address 5 | Franchesca Baldrich - VP 5202 SW 127 Ct Miami, FL 33175 | - | AUG 16 RETARY | | |
| Address | Franchesca Baldrich - VP 5202 SW 127 Ct Miami, FL 33175 | Address: | AUG 16 AM 10: 41 RETARY OF STATE (LLAHASSEE, FL | | |

To: 18506176381 From: 14694451465 Date: 08/16/18 Time: 9:59 AM Page: 03/03

(((H18000239821 3)))

| Name a | nd Title: | Name and Title: | |
|--|---|--|----------|
| Addres | ·s | Address: | |
| | 77.44 | | |
| | | | |
| | | | |
| ARTICLE VI | | | |
| The <u>name and I</u> | florida street address (P.O. Box NOT ad | ceptable) of the registered agent is: | |
| Name: | Roberto Gonzalez | | |
| Address: | 14025 SW 22 ST | | |
| | Miami, FL 33175 | | |
| | | TAN TAN | |
| ARTICLE VII | INCORPORATOR | LR AL | T. |
| The name and a | ddress of the Incorporator is- | AUG 16 CRETARY ALLAHAS | 6E2;; |
| Name: | Roberto Gonzalez | | <u> </u> |
| Address: | 14025 SW 22 ST | SSEE SEE | B n |
| | Miami, FL 33175 | D: 41 | |
| Effective date, if | EFFECTIVE DATE: other than the date of filing: | (OPTIONAL) | |
| (If an effective of filing.) | date is listed, the date must be specific | and cannot be more than five days prior or 90 days after the | |
| Note: If the date the document's e | e inserted in this block does not meet the effective date on the Department of State | applicable statutory filing requirements, this date will not be listed as s records. | |
| Having been nut this certificate, I | med as registered agent in accept service am familiar with and nearly the appoint | of process for the above stated corporation at the place designated in ment as registered agent and agree to act in this capacity | ı |
| | Province City | 3/9/18 | |
| | Required Signature/Registered | 1 / | |
| t submit this doc document to the | noment and affirm that the facts stated in Department of State constitutes a third di | herein are true. I am aware that the false information submitted in egree felony as provided for in s.817.155, F.S. $Q[Q][X]$ | 1 |
| Requ | ired Signature/Incollugator | Date | |