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

CLE II PR	INCIPAL OFFICE Principal street address	Mailin	ng address, if different is:
SW 114 PL U	NTT: G		
MI, FL 33173			
CLE III PU purpose for whi	RPOSE ch the corporation is organized is:	AND ALL LAWFULL BUSE	NESS
0.000			
number of shares CLE V INI Name and I	of stock is: TIAL OFFICERS AND/OR DIRECTOR Sitle: MANUEL REMEDIOS (P)	<u>2S</u> Name and Title:	2018/01 SECR TAL
CLE V INI	of stock is: TIAL OFFICERS AND/OR DIRECTOR Title: MANUEL REMEDIOS (P) 6554 SW 114 PL UNIT: G		PAR A
number of shares CLE V INI Name and I	of stock is: TIAL OFFICERS AND/OR DIRECTOR Sitle: MANUEL REMEDIOS (P) 6554 SW 114 PL UNIT: G	Name and Title:	SEE SEE
number of shares CLE V INI Name and T Address	of stock is: TIAL OFFICERS AND/OR DIRECTOR Title: MANUEL REMEDIOS (P) 6554 SW 114 PL UNIT: G	Name and Title: Address:	OCT -3 AM II: 4
number of shares CLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTOR Citle: MANUEL REMEDIOS (P) 6554 SW 114 PL UNIT: G MIAMI, FL 33173	Name and Title: Address: Name and Title:	OCT -3 ANII:
Name and Ti	of stock is: TIAL OFFICERS AND/OR DIRECTOR Sitle: MANUEL REMEDIOS (P) 6554 SW 114 PL UNIT: G MIAMI, FL 33173	Name and Title: Address: Name and Title:	OCT -3 AM II: 4
Name and Ti Address Address	of stock is: TIAL OFFICERS AND/OR DIRECTOR Sitle: MANUEL REMEDIOS (P) 6554 SW 114 PL UNIT: G MIAMI, FL 33173	Name and Title: Address: Name and Title: Address:	OCT -3 AMII: 4) RE ARY OF STATE LLAHASSEE. FL

Name and Title:		Name and Title:	Name and Title:		
Address		Address:			
ARTICLE VI The name and I	<u>REGISTERED AGENT</u> Flo <u>rida street address</u> (P.O. Box NOT acc	ceptable) of the registered agent is:			
Name:	MANUEL REMEDIOS				
Address:	6554 SW 114 PL UNIT: G				
Auguess.	MIAMI, FL 33173				
ARTICLE VII	INCORPORATOR	FCRE	T		
The name and	address of the Incorporator is:	AR J			
Name:	MANUEL REMEDIOS				
Address:	6554 SW 114 PL UNTT: G	CT -3 MITA			
	MIAMI, FL 33173		_		
ARTICLE VIII	EFFECTIVE DATE: if other than the date of filing:	(OPTIONAL)			
(If an effective filing.)	date is listed, the date must be specific	and cannot be more than five days prior or 90 days after the	e		
Note: If the dathe document's	te inserted in this block does not meet the effective date on the Department of State	applicable statutory filing requirements, this date will not be lis 's records.	ted as		
Having been num fair certificate, I c	ned as registered agains to accept service of proc on familiar with and accept the appointment as t	exs for the above stated corporation at the place designated in registered agent and agree to act to this copacity			
	MM	69/26/2018			
	Required Signature/Registered Agent	Date			
I submit this doc	ument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true, I am ewere that the fulse information submitted in a long as provided for in x812.155, F.S.			
**********	hh	09/26/2018			
Requir	red Signature/Incorporator	Date			