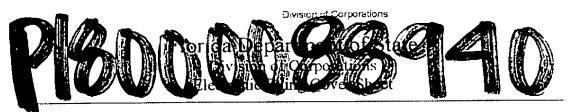
To: 18506176381 From: 14694451465 Date: 10/26/18 Time: 10:28 AM Page: 01/03

10/25/2018



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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	Doing so will generate another	er cover sheet.	` R -
То:			
10.	Division of Corporations		
	Fax Number : (850)617-6381		
From:			
	Account Name : LEGALING CORPORAT	TE SERVICES INC.	
	Account Number : I2018 0000 011 Phone : (844)386-0178		יטי
	Fax Number : (214)317-4754		
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Electronic Filing Menu

Corporate Filing Menu

Help

To: 18506176381 From: 14694451465 Date: 10/26/18 Time: 10:28 AM Page: 02/03

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ARTICLES OF INCORPORATION

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

PICLE III PURPOSE purpose for which the corporation is organized is: E GENERAL NATURE OF BUSINESS OF THIS CORPORATION IS TO TRANSACT ANY D ALL LAWFUL BUSINESS PROPERTY OF THE STATES OF THIS CORPORATION IS TO TRANSACT ANY PROPERTY OF THE TRANSACT AND TRANSACT ANY PROPERTY OF THE TRANSACT AND TRANSACT AND TRANSACT ANY PROPERTY OF THE TRANSACT AND TRANSACT AND TRANSACT AND TRANSACT AND TRANSACT AND TRANSACT AND TRANSACT AN	CHT IN PRINT	TPAL OFFICE			
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To: 18506176381 From: 14694451465 Date: 10/26/18 Time: 10:28 AM Page: 03/03

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Name a	and Title:	Name and Title:	
Addres	gs	Address:	
		-	
	REGISTERED AGENT Florida street address (P.O. Box NOT accept	able) of the registered agent is	:
me:	THIAGO CASTRO	•	
ldress:	800 AVENUE W APT 346		
uress.	MIAMI BEACH, FL 33139		i
TICLE VII	<u>INCORPORATOR</u>		. 15 -
name and s	address of the Incorporator is:		~• • •
Name:	THIAGO CASTRO		12 14
Address:	800 AVENUE W APT 346		4. <u>12.</u>
	MIAMI BEACH, FL 33139		·
TICLE VIII	<u>EFFECTIVE DATE:</u>		
ctive date, i	if other than the date of filing: date is listed, the date must be specific and	cannot be more than five d	NAL) lays prior or 90 days after the
e: If the dat	te inserted in this block does not meet the app effective date on the Department of State's re	licable statutory filing require	ements, this date will not be listed as
aocument s	effective time on the Department of State 3 (e	Colus.	
ving been na certificate, l	amed as registered agent to accept service of I am familiar with and accept the appointmen	process for the above stated of t as registered agent and agre	corporation at the place designated se to act in this capacity
/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	سة من الم		10-25-2018
	Required Signature/Registered Age	ent	Date
bmit this do ument to the	cument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that te felony as provided for in s.t	t the false luformation submitted in 817.155, F.S.
A.	(.	(A)	10-25-2018
	hred Signature/Incorporator		Date