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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
1121 VALERO CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

18 DEC -3 PM 12:04
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

1121 Valero Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1121 SW 32 Ave.

Miami FL 33135.

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Joel Lastra Ortiz (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

JOEL LASTRA ORTIZ

1121 SW 32 ave

Miami FL 33135

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

JOEL LASTRA ORTIZ

1121 SW 32 Ave

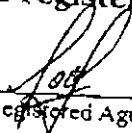
Miami FL 33135

18 DEC - 3 PM 12: 04

STATE OF FLORIDA
DIVISION OF CORPORATIONS

Required Signatures:

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

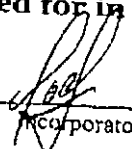


 Registered Agent

12/3/18

 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.



 Incorporator

12/3/18

 Date

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 18 DEC - 3 PM 12: 06