

1/24/2019

Division of Corporations

P1900006805

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**FLORIDA PROFIT/NON PROFIT CORPORATION
NAVAS & COMPANY CORP.**

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19 JAN 24 PM 5:11 AC
FILING SERVICE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: NAVAS & COMPANY CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address2020 SW 33 AVEMIAMI, FL 33143

Mailing address, if different is:

251 VALENCIAL AVE# 3224CPRAL GABLES, FL 33114**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANOLAN T. NAVAS (P/S/D)

Name and Title: _____

Address 2020 SW 33 AVE

Address: _____

MIAMI, FL 33143

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: ANOLAN T. NAVAS
Address: 2020 SW 33 AVE
MIAMI, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANOLAN T. NAVAS
Address: 2020 SW 33 AVE
MIAMI, FL 33143

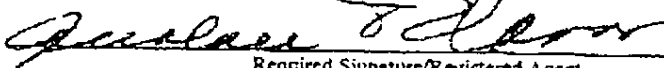
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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


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.


Required Signature/Incorporator

Date