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Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
VIDAL MORENO GROUP 1 INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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MAR 06 2019

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

ARTICLE I NAME VIDAL MORENO GROUP 1 INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is: _____

830 W. 53rd STREET

HIALEAH, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

SHARES: 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VIDAL S. MORENO (P/D)

Name and Title: _____

Address: 830 W. 53rd STREET

Address: _____

HIALEAH, FL 33012

Name and Title: MARTA R. MORENO (V/D)

Name and Title: _____

Address: 830 W. 53rd STREET

Address: _____

HIALEAH, FL 33012

Name and Title: FRANK MORENO (S/D)

Name and Title: _____

Address: 830 W. 53rd STREET

Address: _____

HIALEAH, FL 33012

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: VIDAL S. MORENO
 Address: 830 W. 53rd STREET
 HIALEAH, FL 33012

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ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: VIDAL S. MORENO
 Address: 830 W. 53rd STREET
 HIALEAH, FL 33012

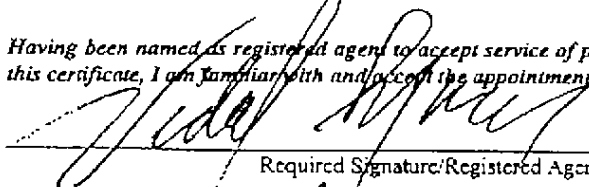
ARTICLE VIII EFFECTIVE DATE:

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.

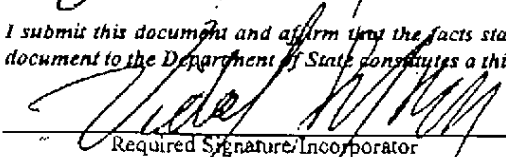
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


 Required Signature/Registered Agent

MARCH 4, 2019

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

MARCH 4, 2019

Date