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| To:         |                            |                                    |              |
|-------------|----------------------------|------------------------------------|--------------|
|             | Division of Corporations   | 5                                  |              |
|             | Fax Number : (850)61       | 17 <sup>1</sup> 6381               |              |
| From:       |                            |                                    |              |
|             | Account Name : DAKOTA      | ACCOUNTING SERVICES INC.           |              |
|             | Account Number : I201600   | ðoo034                             |              |
|             | Phone : (305)59            |                                    |              |
|             | Fax Number : (305)25       | 55 <sup>+</sup> 2729               |              |
|             |                            |                                    |              |
| **Enter the | email address for this bus | siness entity to be used for futur | ۰e           |
| annual      | report mailings. Enter onl | ly one email address please.**     |              |
| Email       | Address:                   |                                    |              |
|             |                            | ·                                  |              |
| È.          | DRIDA PROFIT/NON PI        | <b>PROFIT CORPORATION</b>          | <del>,</del> |
| -           |                            |                                    |              |
| 1 ·         | EL GUAJIRO MONT            | TES DE UCA INC                     |              |
|             | Certificate of Status      | 1                                  |              |
|             | Certified Copy             | 0                                  |              |
| · · ·       | Page Count                 | 01                                 |              |
|             | Estimated Charge           | \$78.75                            |              |
|             |                            | !<br>:                             |              |
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Electronic Filing Menu Corporate Filing Menu

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|   |                   |                                   |           | covi      | ER L          | ETTER                                       |  |
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| Department of<br>New Filing Sec<br>Division of Con<br>P. O. Box 6327<br>Tallahassee, FL | tion<br>porations |                                   |           |           |               |   |  |
| EL  | . GUAJIRO         | MONTES I                          | DE OCA    | INC       |               |   |  |
| SUBJECT:  |                   |                                   |           |           | ATE N         | <br>AME - <u>MUST INCLU</u>                 | DE SUFFIX)   |
|   |                   |                                   |           |           |               |   |  |
| Enclosed are ar   | i original a      | nd one (1)                        | copy o    | of the ar | ticles        | of incorporation and                        | a check for.   |
| □ \$70.<br>Filing F   | Fee Fil           | \$78.75<br>ing Fee<br>Certificate | of Sta    | tus       | I<br>A        | ☐ \$78.75<br>Filing Fec<br>& Certified Copy | □ \$87.50<br>Filing Fœ,<br>Certified Copy<br>& Certificate of<br>Status<br>PY REQUIRED |
|   |                   |                                   |           |           |               |   |  |
|   | JESUS M           | ONTES DE                          | OCA       |           |               |   |  |
| FROM  |                   | <u> </u>                          |           | Nam       | e (Prin       | ited or typed)                              | <u> </u>   |
|   | 1213 SW 1         | 131 AVENU                         | Е         |           |               |   |  |
|   |                   |                                   |           |           | Addre         | ss  |  |
|   | MIAMI, F          | L 33184                           |           |           |               |   |  |
|   | <u> </u>          |                                   |           | City      | , State       | & Zip                                       |  |
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|   | 2020TAXI          | DATA@GM                           | AIL.CO    | ЭМ        |               |   |  |
|   |                   | E-mail add                        | lress: (1 | to be use | d for         | uture annual report n                       | otification)   |
|   |                   |                                   |           |           |               |   |  |
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## NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAME EL GUAJIRO MONTS DE OCA ING -

| ARTICLE II PR                                   |  | N-                                |
|---|--|-----------------------------------|
| 1213 SW 131 AVE                                 | Principal <u>street</u> address<br>NUE       | Mailing address, if different is: |
| MIAMI, FL 33184                                 |  |                                   |
|   |  |                                   |
| <u>ARTICLE III PUI</u><br>The purpose for which | RPOSE<br>ch the corporation is organized is: | AND ALL LAWFUL SERVICES           |
| ·   |  |                                   |
|   |  |                                   |
|   |  |                                   |
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|   |  |                                   |
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| ARTICLE IV SRL<br>The munber of shares          | ARES 100<br>s of stock is:                   | λ <del>.</del> -                  |
|   |  |                                   |
| <u>ARTICLE V INT</u>                            | TIAL OFFICERS AND/OR DIRECTO                 |                                   |
| Name and T                                      | IESUS MONTE DE OCA                           | PRESIDENT Name and Title:         |
| Address   | 1213 SW 131 AVENUE                           | Address:                          |
|   | MIAMI, FL 33184                              |                                   |
|   |  |                                   |
| Name and Ti                                     | YELINE CAMPOAMOR                             | Name and Title:                   |
| Address   | 1213 SW 131 AVENUE                           | Address:                          |
|   | MIAMI, FL 33184                              |                                   |
|   | · · · · · · · · · · · · · · · · · · ·        |                                   |
|   |  |                                   |
| Name and Ti                                     | tle:   | Name and Title:                   |
| Address   | · · · · · · · · · · · · · · · · · · ·        | Address:                          |
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| Name                | and Title:  | Name and Title:  |
| Addn                | ess   | Address:   |
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|                     |   |  |
|                     | <u>REGISTERED AGENT</u><br>Forida street address (P.O. Box NOT acceptat |  |
|                     | JNNAZ PRO SERVICES INC  | be of the registered agent is:                                       |
| Name:               |   | <u> </u>   |
| Address:            | 13501 SW 128TH ST SUITE 217   |  |
|                     | MIAMI, FL 33186   | · · ·  |
|                     |   |  |
| ARTICI F VII        | INCORPORATOR  |  |
| _                   |   |  |
| The <u>name and</u> | address of the Incorporator is:   |  |
| Name:               | JNNAZ PRO SERVICES INC  |  |
| A .] .]             | 13501 SW 128TH ST SUITE 217   |  |
| Address:            | MIAMI, FL 33186   |  |
|                     |   | <u> </u>   |
|                     |   |  |
|                     | <u>1 EFFECTIVE DATE:</u> 03/30/2019                                     |  |
|                     | if other than the date of filing:                                       | annot be more than five days prior or 90 days after the              |
| filing.)            | · · · · · · · · · · · · · · · · · · ·                                   | - and the more than me days prior of yo days after the               |
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| the document's      | s effective date on the Department of State's reco                      | brds   |
|                     | _   |  |
| Having been n       | amed as registered agent to accept service of pr                        | ocess for the above stated corporation at the place designated in    |
|                     | and summary with and accept the appointment t                           | as registered agent and agree to act in this capacity                |
| /                   | which fet   | 03/30/2019   |
| •                   | Required Signature/Registered Agent                                     | Date   |
| l submit this d     | ocument and affirm that the facts stated herein                         | are true. I am aware that the false information submitted in a       |
| tocument to th<br>A | e Departmeny of State constitutes a third degree                        | felony as provided for in s.817.155, F.S.                            |
| $\mathcal{N}$       | WI AL   | 03/30/2019   |
| Req                 | pured Signature/Incorporator  | Date   |
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