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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
GARCIA ALL EMBROIDERY INC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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APR 10 2019

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: GARCIA ALL EMBROIDERY INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

274 EAST 45TH ST274 EAST 45TH STHIALEAH FL 33013HIALEAH FL 33013**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: EMBROIDERY**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES @ 1.00 PER VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: PRESIDENT LIANET GARCIA

Name and Title: _____

Address

274 EAST 45TH ST

Address: _____

HIALEAHFL 33013

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

Name: LIANET GARCIA
Address: 274 EAST 45TH ST
HIALEAH FL 33013

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LIANET GARCIA
Address: 274 EAST 45TH ST
HIALEAH FL 33013

ARTICLE VIII EFFECTIVE DATE: APRIL 05, 2019

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

X [Signature] _____ 04/05/2019
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.

X [Signature] _____ 04/05/2019
Required Signature/Incorporator Date