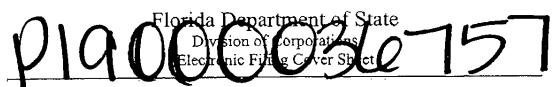
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Division of Corporations



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

ARTICLE II PRII	Principal street address	Mailing add	ress, if different is:
301 HIALEAH DR A	PT: 204		
HIALEAH, FL 33010)		
ARTICLE M PUR The purpose for which	POSE h the corporation is organized is:	LL LAWFUL BUSINESS	
			9
			$\frac{1}{2}$ $\frac{1}{2}$
	of stock is:	~	ن -ن
The number of shares	of stock is:	Name and Title:	PH 4: 42
The number of shares	of stock is: TLAL-OFFICERS AND/OR DIRECTORS itle: GISSELLE ROSALES MARTINEZ (P) 301 HIALEAH DR	Name and Title:Address:	ن -ن
The number of shares ARTICLE V INFO	of stock is: FIAL OFFICERS AND/OR DIRECTORS itle: GISSELLE ROSALES MARTINEZ (P) 301 HIALEAH DR APT: 204	Name and Title:Address:	PH 4: 42
The number of shares ARTICLE V INFO	of stock is: TLAL-OFFICERS AND/OR DIRECTORS itle: GISSELLE ROSALES MARTINEZ (P) 301 HIALEAH DR	Name and Tide:Address:	PH 4: 42
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Nam	e and Title:	Name and Title:
Add	ress	Address:
ARTICLE V	T REGISTERED AG <u>ENT</u>	
	d Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:
Name:	GISSELLE ROSALES MARTINEZ	
Address:	301 HIALEAH DR APT: 204	
	HIALEAH, FL 33010	
<u>ARTICLE V</u>	II INCORPORATOR	
The game an	ad address of the Incorporator is:	
Name:	GISSELLE ROSALES MARTINEZ	
Address	301 HIALEAH DR APT: 204	
	HLALEAH, FL 33010	
ARTICLE V	III EFFECTIVE DATE:	
Effective dat (If an effecti filing.)	z, if other than the date of filing: ive date is listed, the date must be specific and c	nnnot be more than five days prior or 90 days after the
•	and the second s	and a supplier of the accompanies this data will not be listed as
the documen	t's effective date on the Department of State's reco	sable statutory filing requirements, this date will not be listed as ords.
Having been this certificat	named as registered agent to accept service of price, I am familiar with and accept the appointment	ocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
^	Thoself	5/2/2019
<i>₽</i>	Required Signature/Registered Agen	Date
I submit this document to	document and affirm that the facts stated herein the Department of State conflitness a third degree	a are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
	2//	5/2/2019
Ø P R	equired Signature/Incorporator	Date