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**FLORIDA PROFIT/NON PROFIT CORPORATION
AMERICAN LIVING CONTAINERS, INC**

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

AMERICAN LIVING CONTAINERS, INC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

9273 COLLINS AVE SUITE 106
MIAMI BEACH, FL 33154

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

FIVE HUNDRED (500) SHARES OF ONE DOLLAR (\$1.00) PAR VALUE COMMON STOCK

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WALTER GABRIEL SCARFO
9273 COLLINS AVE SUITE 106
MIAMI BEACH, FL 33154

ARTICLE V - INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are) :

WALTER GABRIEL SCARFO 220 WASHINGTON AVE APT 3D MIAMI BEACH, FL 33139


Signature

ARTICLE VI - DIRECTOR(S)

The name, title and address of the office(s) of this corporation shall be:

(President) WALTER GABRIEL SCARFO 220 WASHINGTON AVE APT 3D MIAMI BEACH, FL 33139

(Vice-President) WALTER GABRIEL SCARFO 220 WASHINGTON AVE APT 3D MIAMI BEACH, FL 33139

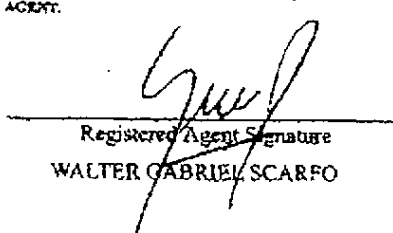
(Secretary) WALTER GABRIEL SCARFO 220 WASHINGTON AVE APT 3D MIAMI BEACH, FL 33139

(Treasurer) JAVIER DE LOS RIOS 18941 NW 19 ST PEMBROKE PINES, FL 33023

(Director) WALTER GABRIEL SCARFO 220 WASHINGTON AVE APT 3D MIAMI BEACH, FL 33139

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


Registered Agent Signature

WALTER GABRIEL SCARFO

DATE: 06/06/19

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