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To:

6/17/2019

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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FLORIDA PROFIT/NON PROFIT CORPORATION

LFTG Incorporated

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ARTICLES OF INCORPORATION

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

	HPAL OFFICE				
	Principal street address		Mailing address, if d	lifferent is:	:
26 Torremolinos Avenue		3426 Torremolinos Avenue			
oral, FL 33178		Doral, F	L 33178		
RTICLE III PURPO	<u>OSE</u> he corporation is organized is:	nd all lawful business is	n the State of Florida	a	
s parpose for which a	ne corporation is organized is.			١.,	
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			<u>_</u>		
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~ · · · · · · · · · · · · · · · · · · ·					-
TICLE IV SHARI	ES 10				
number of shares of					
	AL OFFICERS AND/OR DIRECTOR Lucas Frangione - President	S	Tania Goyanes - S	Secretary	
Address 4810	3:				
		Name and Title			
Address	4810 79th Avenue, Apt 308	Name and Title	3426 Torremolino		
Address					
Address	4810 79th Avenue, Apt 308		3426 Torremolino	s Avenue	19
	4810 79th Avenue, Apt 308 Doral, FL 33166	Address:	Doral, FL 33178	s Avenue	19 JU:
Name and Title:	4810 79th Avenue, Apt 308 Doral, FL 33166	Address: Name and Title	Doral, FL 33178	s Avenue	19 JUN 17
	4810 79th Avenue, Apt 308 Doral, FL 33166	Address: Name and Title	Doral, FL 33178	s Avenue	19 JUN 17 PM
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Name an	nd Title:	Name and Title:
Address	<u> </u>	Address:
	<u>REGISTERBD AGENT</u> <u>Iprida street address</u> (P.O. Box NOT accep	
Vame:	Tania Goyanes	Made) of the registered agent is.
Address:	3426 Torremolinos Avenue	
	Doral, FL 33178	
<u>RTICLE VII</u>	INCORPORATOR	
ho <u>name and a</u>	ddress of the Incorporator is:	3
Name:	Tania Goyanes	—————————————————————————————————————
Address:	3426 Torremolinos Avenue	i w
	Doral, FI. 33178	
ffective date, if	EPFECTIVE DATE: Tother than the date of filing: date is listed, the date must be specific an	. (OPTIONAL) d cannot be more than five days prior or 90 days after the
lote: If the date ne document's e	e inserted in this block does not meet the ap effective date on the Department of State's r	plicable statutory filing requirements, this date will not be listed as records.
laving been na his certificate, I	an familiar with and accept the appointme	f process for the above stated corporation at the place designated t ent as registered agent and agree to act in this capacity
1	un Jojanus	(0)13/19
	Required Signature/Registered Ag	gent Date
submit this doc ocument to the	cument and affirm that the facts stated he Department of State constitutes a third deg	rein are true. I am aware that the false information submitted in ree felony as provided for in s.817.155, F.S.
1	an Harrey	(2) 13 10
Requ	ired Signature/Incorporator	Date
*		