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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 ; (305)552-5973 Phone Fax Number : (305)675-5944

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## FLORIDA PROFIT/NON PROFIT CORPORATION TUMBAO GOURMET, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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

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ADTICY D. UI	REGISTERED AGENT	
The name and F	orida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	GUILLERMO J GASSAN P	_
Address:	14040 Biscayne Blvd. APT 509	_
	N. MIAMI BEACH, FL 33181	_
+ Derect D I II I	VVCCURORATOR	
	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	GUILLERMO J GASSAN P	_
Address:	14040 Biscayne Blvd. APT 509	_
	N. MIAMI BEACH, FL 33181	<del>-</del>
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Eff-ative date if	EFFECTIVE DATE: 06/17/2019 fother than the date of filing:	ot be more than five days prior or 90 days after the
Note: If the dat	e inserted in this block does not meet the applicable effective date on the Department of State's records	e statutory filing requirements, this date will not be listed as
Having been no this certificate,	rum familiar with and accept the appointment as r	
	ailtermo bass	06/21/2019
<u> </u>	Required Signature/Registered Agent	Date
I submit this do	ocument and affirm that the facts stated herein as Department of State constitutes a third degree fel	e true. I am aware that the fulse information submitted in ony as provided for in s.817.155, F.S.
	illorma (minc)	(C) 05/21/2019
	A Signature/Incorporator	Date