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COVER LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:

Alquimir Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75

OPTIONAL:

Certificate of Status

\$ 8.75

John Dunbar

Name (printed or typed)

PO Box 471

Address

Carson City, NV 89702

City, State & Zip

775-450-4979

Daytime Telephone Number

mynevadallc@gmail.com

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, Yamil	Paola Lobato	President/Direc	tor
	(Name)	(Title)
of Alquimir Inc.		a fo	oreign corporation,
•	orporation Name) 1801, Florida Statutes, does l	hereby certify:	
1. The date on which corp	poration was first formed wa	s June 1	, 2012
2. The jurisdiction where came into being was 1	the above named corporatio Nevada	n was first formed, incorpo	
3. The name of the corpo was Alquimir Inc.	ration immediately prior to t		of Domestication
	ration, as set forth in its artic	les of incorporation, to be t	
administration of the c immediately before the	onstituted the seat, siege soci orporation, or any other equi of filing of the Certificate of E y Carson City, NV 89703	valent jurisdiction under ap	
6. Attached are Florida a to s. 607.1801.	rticles of incorporation to co.	mplete the domestication re	equirements pursuant
I am Yamil Paola Lobato	, of President/Director	of Alquimir Inc.	
and am authorized to sign so this the 20 day of	this Certificate of Domestics (Authorized S		, 2019.
			2019 JUI SECRE TALLI

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ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:	
Alquimir Inc.	
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS Principal Address 3460 W 84th St.Suite #101	s: Mailing Address 3460 W 84th St.Suite #101
Hialeah Gardens, FL 33018	Hialeah Gardens, FL 33018
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGAN	NIZED:
Any Lawful Activity	

ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS:	
ARTICLE V INITIAL DIRECTORS AND THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITL	
Title/Name Yamil Paola Lobato	Title/Name
President/Director	
Title/Name	Title/Name
Title/Name	Title/Name
Title/Name	Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Acosta Tax & Advisory P.A.		
15800 Pines Blvd Suite 203		
Pembroke Pines, FL 33027		

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

My Nevada LLC

PO Box 471

Carson City, NV 89702

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signatude/Residered Agent

Signature/Incorporator

6/20/2019

Date

Date