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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 : (800)221-2972 Phone : (718)889-7420 Fax Number

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)				
ARTICLE I NAME The name of the corporat	•			
	TIPAL OFFICE Principal street address pt. 208		Mailing address, if different is: 5401 Collins Avenue Apt. 208	
Miami Beach, Florida 3	-	Miami Beach, Florida	33140	
ARTICLE III PURPO The purpose for which the which corporations may	he corporation is organized is:	c in any lawful act or activity for		
	stock is:		7 PH 12: 3	
ARTICLE V INITIA Name and Title Address	Robert L Lewis/DIRECTOR	Name and Title:	<u> </u>	
	5401 Collins Avenue Apt. 208 Miami Beach, Florida 33140	Address:		
Name and Title	:			
Address		Address:		
		N		
Name and Title	:			

Name an	nd Title:	Name and Title:	
Address	s	Address:	· ·
RTICLE FI	REGISTERED AGENT	the contract and annual or	
re <u>pame and F</u>	lorida street address (P.O. Box NOT accepta Robert L Lewis	me) of the registered agent is.	
lame:			
ddress:	5401 Collins Avenue Apt. 208		· · .
	Miami Beach, Florida 33140		•
			•
RTICLE VII	INCORPOR STOR		
he name and a	iddress of the Incorporator is:		
- -	Robert I. Lewis		
Namer	\$401 Collins Avenue Apr. 208		
Address:	Miami Beach, Florida 33140	·	
	EFFECTIVE DATE: fother than the date of filing:	(OPTIONAL)	
Ean effective	date is listed, the date must be specific and	cannot be more than five business	days prior or 90 business
ays after the f			
lote: If the dat	te inserted in this block does not meet the appl	licable statutory filing requirements,	this date will not be listed as
ie document's	effective date on the Department of State's re-	LUIUS.	
tavine heen na	med of registered usem to accept ervice of	process for the above stated corpora	tion at the place designated in
is certificate.	un deniiiar se defind accept the appointmen	i as registered agent and agree to ac	in this capacity
, 1	word H' Dans		7/16/19
<u>, </u>	Required Signature/Registered Age	nt	Date
submit this de	cument and pffigg that the facts posed hyrs	in are true. I am aware that the fin	lse information submitted in .
submit this do ocument to the	cament and affirm that the facts fixed hers Department of State convents of hird decre	in are true. I an; aware that the face felony as provided for in \$.817.155	lse information submitted in . i, F.S.