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To: Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
SELEYAN ANTOSHI CORP**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME SELEYAN ANTOSHI CORP
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address

1501 SW 20 ST
MIAMI FL 33145

Mailing address, if different is:

1501 SW 20 ST
MIAMI FL 33145

ARTICLE III PURPOSE CONSTRUCTION AND ANY OTHER KIND OF BUSINESS
The purpose for which the corporation is organized is:

ARTICLE IV SHARES 100 SHARES @ 1.00 PER VALUE
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	PRESIDENT SERGIO D RAMIREZ	Name and Title:	_____
Address	1501 SW 20 ST	Address:	_____
	MIAMI		_____
	FLORIDA 33145		_____

Name and Title:	SECRETARY SHIRLY SANCHEZ	Name and Title:	_____
Address	1501 SW 20 ST	Address:	_____
	MIAMI		_____
	FLORIDA 33145		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

SERGIO D RAMIREZ

Address: _____

1501 SW 20 ST

MIAMI FL 33145

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: _____

SHIRLY SANCHEZ

Address: _____

1501 SW 20 ST

MIAMI FL 33145

ARTICLE VIII EFFECTIVE DATE:

JULY 18, 2019

(OPTIONAL)

Effective date, if other than the date of filing: _____
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent 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*X 

Required Signature/Registered Agent

07/18/2019

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*X 

Required Signature/Incorporator

07/18/2019

Date