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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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**FLORIDA PROFIT/NON PROFIT CORPORATION
305 SQUEEZED INC.**

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

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Electronic Filing Menu

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Help

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JUL 24 2019

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:305 Squeezed Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7515 NW 55 street
MIAMI FL 33166**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

(25%) Judith Torres Fiol - (President)
(25%) Juan Marcelo Fiol - (Vice President)
(25%) James Lynn Johnson - (Treasurer)
(25%) Richard David Haller - (Secretary)

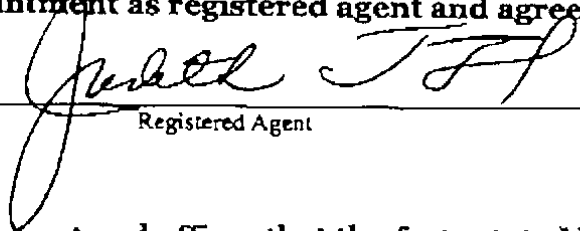
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Judith Torres Fiol7515 NW 55 street
MIAMI FL 33166**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Judith Torres Fiol7515 NW 55 street
Miami FL 33166

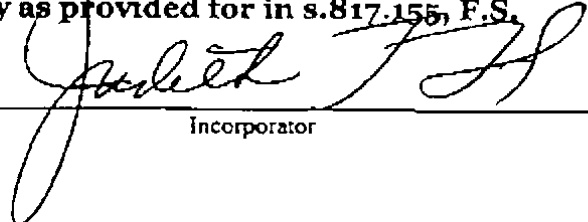
Required Signatures:

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



Registered Agent 7/23/19
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.



Incorporator 7/23/19
Date