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FLORIDA PROFIT/NON PROFIT CORPORATION COSTA METROPICA 1, INC

Certificate of Status	0
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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JUL 24 2019

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Costa Metropica 1, Inc

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

2475 NW 16th Street Road, Suite 607

Miami Fl 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all business services

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angel Fernando Costa Sarmiento, P

Name and Title: Veronica D Carmen Guzman Peres, VP

Address 2475 NW 16th Street Road, Suite 607

Address: 2475 NW 16th Street Road, Suite 607

Miami Fl 33125

Miami Fl 33125

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Angel Fernando Costa Sarmiento
Address: 2475 NW 16th Street Road, Suite 607
Miami FL 33125

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Angel Fernando Costa Sarmiento
Address: 2475 NW 16th Street Road, Suite 607
Miami FL 33125


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(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



Required Signature/Registered Agent

07232019

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.



Required Signature/Incorporator

07232019

Date