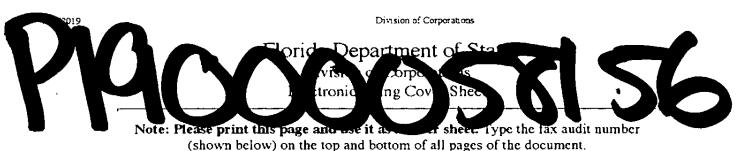
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Division of Corporations

Fax Number : (850)617-6381

Prom:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 : (214)317-4754 Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION LEX MANAGEMENT GROUP, INC.

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To: 18506176381 From: 12143052508 Date: 07/26/19 Time: 8:29 AM Page: 02/03

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

	LEX MANAGEMENT GRO		
<u>ICLE II PRINC</u>	Principal street address		Mailing address, if different is
01 Northeast 31st Street, Suite 2403		501 Nor	theast 31st Street, Suite 2403
ni, FL 33137		Miami,	FL 33137
ICLE III PURP purpose for which t	DSE he corporation is organized is. Any Lawfu	ul Purpose	
-, ···			
			
<u>ICLE IV SHAR</u>	<i>ES</i> 1000		
	<i>ES</i> 1000		
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To: 18506176381 From: 12143052508 Date: 07/26/19 Time: 8:29 AM Page: 03/03

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Name and Title		Name and Title:	Name and Title:		
Address		Address:			
	GISTERED AGENT				
	id<u>a street address</u> (P.O. Box NOT acc DOMINIQUE LEROY	eptable) of the registered agent is:			
Name:	169 East Flagler Street , Suite 1428				
	Miami, FL 33131				
<u>ARTICLE VII IN</u>	CORPORATOR	 -			
The <u>name and addi</u>	ress of the Incorporator is:				
Name:	DOMINIQUE LEROY				
Address:	169 East Flagler Street, Suite 1428	8			
	Miami, FL 33131				
Effective date, if of	PFECTIVE DATE: ther than the date of filing: e is listed, the date must be specific a	. (OPTIONAL) and cannot be more than five days price	or or 90 days after the		
	serted in this block does not meet the a ctive date on the Department of State's	applicable statutory filing requirements. s records.	this date will not be listed as		
Having been na this certificate, I	med us registered agent to accept service and familiar with and accept the appoin	e of process for the ubove stated corporation of the corporation of th	tion at the place designated in in this capacity		
	may of Just		7/23/19		
	Required Signoture Registered		Date		
I sybmit this doe document to the	ument and affirm that the facts stated Department of State constitutes whird to	herein are true. I am aware that the fals degree felony as provided for in s.817.155,	se information submitted in a F.S.		
- Mh	and of her		7/23/19		
Requ	ired Signature/Incomorato		Date		