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

From:
Account Name : FANJUL CPA, INC.
Account Number : I20130000039
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**FLORIDA PROFIT/NON PROFIT CORPORATION
SOUTH FLORIDA SUPPLIES SERVICES CORP**

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JUL 29 2019

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: SOUTH FLORIDA SUPPLIES SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address1063 GLODENROD RDWELLINGTON, FL 33414

Mailing address, if different is:

1063 GLODENROD RDWELLINGTON, FL 33414**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: AARON A ROCIO TORRES-PAddress 1063 GLODENROD RDWELLINGTON, FL 33414

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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MIAMI, FLORIDA

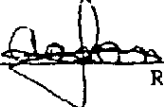
Name and Title: _____ Name and Title: _____

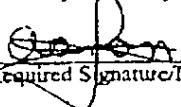
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: AARON A ROCIO TORRESAddress: 1063 GLODENROD RD
WELLINGTON, FL 33414**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: AARON A ROCIO TORRESAddress: 1063 GLODENROD RD
WELLINGTON, FL 33414**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 Agent7/26/19
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.*

Required Signature/Incorporator7/26/19
Date