Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Account Number : FCA0000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION

Granada Hardee Corp.

Certificate of Status	0
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J DENNIS

ARTICLES OF INCORPORATION GO SEP 13 PM 2: 86
In compliance with Chapter 607 and/or Chapter 621, F.S. (Redin)

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LEI NAM	Granada Hardee Corp.		
ane of the corpo	oration shall be:		
<u>CLE II PRII</u>	NCIPAL OFFICE		
ughes Hubbard	Principal <u>street</u> address & Reed LLP	_	Mailing address, if different is:
. Biscayne Blvd	1. #2500		
i, FL 33131		· · · · · · · · · · · · · · · · · · ·	
CLE III PUR		and all lawful business.	
CLE IV SHA inber of shares of	of stock is:		
TLE IV SHA	of stock is:		Maria C. Chamorro, S
TLE IV SHA	IAL OFFICERS AND/OR DIRECTO tle: Alan J. Channorro, D, P 6111 Granada Blvd.	Name and Title	Maria C. Chamorro, S :
TLE IV SHA imber of shares of TLE V INIT. Name and Ti	IAL OFFICERS AND/OR DIRECTO tle: Alan J. Channorro, D, P 6111 Granada Blvd.		
TLE IV SHA imber of shares of TLE V INIT. Name and Ti	IAL OFFICERS AND/OR DIRECTO tle: 6111 Granada Blvd.	Name and Title Address:	169 Miracle Mile
TLE IV SHA imber of shares of TLE V INIT Name and Tit Address	tle: Alan J. Chamorro, D, P 6111 Granada Blvd. Coral Gables, FL 33146	Name and Title Address:	Suite 700 Coral Gables, FL 33134
TLE IV SHA mber of shares of TLE V INIT. Name and Tit Address	tle: Alan J. Chamorro, D, P 6111 Granada Blvd. Coral Gables, FL 33146	Name and Title Address: Name and Title	Suite 700 Coral Gables, FL 33134
TLE IV SHA imber of shares of TLE V INIT Name and Tit Address	tle: Alan J. Chamorro, D, P 6111 Granada Blvd. Coral Gables, FL 33146	Name and Title Address: Name and Title	Suite 700 Coral Gables, FL 33134
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THE IV SHA imber of shares of THE V INIT Name and Tit Address Name and Titl Address	tle: Alan J. Chamorro, D, P 6111 Granada Blvd. Coral Gables, FL 33146	Name and Title Address: Name and Title Address: Name and Title Address:	169 Miracle Mile Suite 700 Coral Gables, FL 33134

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		1	9 SEP 13 PH 2: 36
Name an	d Title:	Name and Title:	
Address		Address:	
		-	
	-		
ARTICLE VI The name and F	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is;	
Name:	C T Corporation System		
Address:	1200 South Pine Island Road	٠.,	
	Plantation, FL 33324.		
The name and ad	INCORPORATOR dress of the Incorporator is: Ruben Diaz		·
Name:	201 S. Biscayne Blvd. #2500		
Address:	Miami, FL 33131		
Effective date, if a (If an effective diffiling.) Note: If the date-	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and cannot inserted in this block does not meet the applicable si fective date on the Department of State's records.	be more than five days prio	
Having been nam this certificate, I a	ed as registered agent to accept service of process f in familiar with and accept the appointment as regio orporation System John Mark 1	tered agent and agree to act i	on at the place designated in in this capacity
	Required Signature/Registered Agent	Laughrey, Assistant Secretary	Date
I submit this docu document to the D	ment and affirm that the facts stated herein are tr epartment of State constitutes a third degree felony	ue. I am aware that the falso as provided for in s.817.155,	e Information submitted in a
- Vand	entry 5		9/13/2019
Requir	ed Signature/Incorporator		Date