

PA00007062

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
CUARZO BAY INC**

Certificate of Status	0
Certified Copy	1
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SEP 16 2019

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

ARTICLE I NAMEThe name of the corporation shall be: CUARZO BAY INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3401 SW 160TH AVE SUITE 330MIRAMAR, FL 33027**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NOGAL LLC DIRECTOR

Name and Title: _____

Address 919 N. MARKET STREET, SUITE 950

Address: _____

WILMINGTON, DE 19801

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: CNC CERTIFIED PUBLIC ACCOUNTANT
Address: 3401 SW 160TH AVE SUITE 330
MIRAMAR, FL 33027

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: CARLA CARRAI
Address: 3401 SW 160TH AVE SUITE 330
MIRAMAR, FL 33027

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

9/12/2019
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

9/12/2019
Date