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Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
BROCK'S SVC, INC**

Certificate of Status	0
Certified Copy	1
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OCT 11 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: BROCK'S SVC, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3900 SW 78 CT. APT 293900 SW 78 CT. APT 29MIAMI, FL 33155MIAMI, FL 33155**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: P: CRISTOPHER I. VELIZName and Title: VP: CATHERINE QUINONES BROCKAddress 3900 SW 78 CT.Address: 3900 SW 78 CT.APT: 29APT: 29MIAMI, FL 33155MIAMI, FL 33155

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 AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CRISTOPHER I. VELIZ
Address: 3900 SW 78 CT. APT 29
MIAMI, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CRISTOPHER I. VELIZ
Address: 3900 SW 78 CT. APT 29
MIAMI, FL 33155

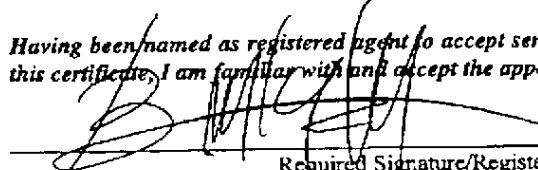
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/04/2019 (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

10/04/2019

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

10/04/2019

Date