Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	• • •	<u></u>
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FLORIDA PROFIT/NON PROFIT CORPORATION CORPORACION DTP, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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

RTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:		
3370 SW 92nd TERRACE		8370 SW 92nd TERRACE		
MAMI, FL 33156		MIAMI, FL 33156		
TICLE III PURPO	2SE he corporation is organized is:			
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number of shares of TCLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS P: WILKER J. SEQUERA GARRIDO			
number of shares of TCLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS P: WILKER J. SEQUERA GARRIDO 8370 SW 92nd TERRACE MIAMI, FL 33156			
number of shares	L OFFICERS AND/OR DIRECTORS P: WILKER J. SEQUERA GARRIDO 8370 SW 92nd TERRACE MIAMI, FL 33156	Address: Name and Title:		
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Name and Title Name and Title Address	L OFFICERS AND/OR DIRECTORS P: WILKER J. SEQUERA GARRIDO 8370 SW 92nd TERRACE MIAMI, FL 33156	Address: Name and Title: Address:		

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Name a	and Title:	Name and Title:	•
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ARTICLE VI The name and I	REGISTERED AGENT Plorida street address (P.O. Box NOT acceptable	O of the series	
Name:	WILKER J. SEQUERA GARRIDO	of the registered agent is:	
Address:	8370 SW 92nd TERRACE		
	MIAMI, FL 33156		
ADOTECT			•
	<u>INCORPORATOR</u>		·
The name and a	ddress of the Incorporator is:		
Name:	WILKER J. SEQUERA GARRIDO		
Address:	8370 SW 92nd TERRACE	.	•
	MIAMI, FL 33156		
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and can	(OPTIONAL)
filing.)	and can	not be more than five days p	rior or 90 days after the
Note: If the date the document's c	inserted in this block does not meet the applicab ffective date on the Department of State's record	le statutory filing requirement s.	s, this date will not be listed as
Having been nan this certificate, I	ned as registered agent to accept service of proce am familiar with and accept the appointment as t	ess for the above stated corpor registered agent and agree to a	ration at the place designated in act in this capacity
_X / J//	un me prog		10/11/2019
/ /	Required Signature/Registered Agent		Date
I submit this doc document to the l	ument and affirm that the facts stated herein as Department of State constitutes a third degree fel /	re true. I am aware that the foony as provided for in s.817.15	alse information submitted in a 55, F.S.
X /// w	-/re/oug		10/04/2019
/ Kequii	red Signature/Incolporator		Date