Florita Deptement of State vision of orporations deconic alla Cover Sheet

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To:	Division of Co.			
	Division of Corporations			
	Fax Number	: (850)617-6381	E SES	19.
From:			> ≥1	· 7
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	至是	. 2
		: I20000000019	9,5;	w
	Phone	: (305)552-5973	: en1	
	Fax Number	: (3 0 5)675-5944	ر العد (بال العد	골
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anr	nual report maili	ngs. Enter only one email address please.**	≥ €	7
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FLORIDA PROFIT/NON PROFIT CORPORATION PROSANA ENVIRONMENTAL INC.

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

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

he name of the corp	Cration sizin be.				
RTICLE II PRI	NCIPAL OFFICE				
430 SW 83rd Aven	Principal street address		Mailing address,	if different is:	
tiami, Florida 3315	5				
					_
RTICLE III PUS he purpose for which	CPOSE the the corporation is organized is:				
<u> </u>			 		
				·	-
					
					
				. — <u> </u>	
RTICLE IV SH.	1RES 100 of stock is:				
he number of shares	of stock is:		Aunel Diaz Vi	oo Provident	
he number of shares RTTCLE V INT Name and T	FIAL OFFICERS AND/OR DIRECTORS Fitle: Luis D Cruz, President	Name and Ti	tle: Augel Diaz, Vi	ex President	~- ~1
he number of shares	of stock is:		tle: Angel Diaz, Vi	SW 545	
he number of shares RTICLE V INT Name and T	FIAL OFFICERS AND/OR DIRECTORS Fitle: Luis D Cruz, President	Name and Ti	ele: Augel Diaz, Vi 18189 Hurar	Sw 545 Yar, Ff. 5	St. 330
he number of shares RTTCLE V INT Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: Luis D Cruz, President 4430 SW 83rd Avenue Miami, FL 33155	Name and Ti	18189 Hiran	Sw 545 par, Ff. =	
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he number of shares **RTTCLE V INT** Name and T Address Name and T	itle: Mary Cruz, Secretary/Treasurer	Name and Ti	18189 Hiran	Sw 545 par, Ff. =	
Name and T Address Name and T	itle: Mary Cruz, Secretary/Treasurer 4430 SW 83rd Avenue	Name and Ti	18189 Hiran	Sw 545 par, Ff. =	
he number of shares RTTCLE V INT Name and T Address Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: Luis D Cruz, President 4430 SW 83rd Avenue Miami, FL 33155 Mary Cruz, Secretary/Treasurer 4430 SW 83rd Avenue Miami, Florida 33155	Name and Ti	18189 Hixar	Sw 545 par, Ff. =	
he number of shares RTTCLE V INT Name and T Address Name and T Address	itle: Mary Cruz, Secretary/Treasurer 4430 SW 83rd Avenue	Name and Ti	18189 Hiran	Sw 545 par, Ff. =	

Name and Title:		Name and Title:		
Addr		Address:		
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	e) of the registered agent is:		
Name:	Luis D Cruz			
Address:	4430 SW 83rd Avenue			
	Miami, Florida 33155	_		
ARTICLE VI	INCORPORATOR			
The name and	address of the incorporator is:			
Name:				
Address:				
	II BFFECTIVE DATE: , if other than the date of filing:	. (OPTIONAL)		
		nnot be more than five days prior or 90 days after the		
Note: If the d	ate inserted in this block does not meet the applica s effective date on the Department of State's recon	sble statutory filing requirements, this date will not be listed as		
Having been this certificate	named as registered agent to accept service of pro . Ham families with and accept the appointment a	cess for the above stated corporation at the place designated it registered agent and agree to act in this capacity		
	(elg)	10/22/2019		
	Required Signature/Registered Agent	Date		
I submit this document to to	document arti liffirm that the facts stated herein he Department of Statesconstitutes a third degree f	are true. I am aware that the false Lyformation submitted in a clony as provided for in x.817.155, P.S.		
	(della	10/22/20{9		
Re	quired Signature/Incorporator	Date		