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10/29/2019

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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
FORTVNA GROUP, INC.**

Certificate of Status	0
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D. ONCEFE
OCT 30 2019

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: FORTVNA GROUP, INC.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

151 N NOB HILL RD SUITE 381

PLANTATION, FL 33324

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: HENRY VARGAS (P)

Name and Title:

Address 151 N NOB HILL RD

Address:

SUITE 381

PLANTATION, FL 33324

Name and Title: EYRA SILVA-PENA (T)

Name and Title:

Address 151 N NOB HILL RD

Address:

SUITE 381

PLANTATION, FL 33324

Name and Title:

Name and Title:

Address

Address:

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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: HENRY VARGAS
 Address: 151 N NOB HILL RD SUITE 381
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: HENRY VARGAS
 Address: 151 N NOB HILL RD SUITE 381
PLANTATION, FL 33324

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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
 10/28/2019
 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
 10/28/2019
 Date