To: 18506176381 From: 12143052508 Date: 11/14/19 Time: 9:10 PM Page: 01/03

11/14/2019 Division of Corporations ent of State ctronic Note: Please print this page and use it as-(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

Prom:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Phone : (214)317-4754 Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION

Argentarii, Inc.

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ARTICLES OF INCORPORATION

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

<u>LE II PR</u>	INCIPAL OFFICE	
SW 6 STREE	Principal <u>street</u> address	Mailing address, if different in
4-101		
ROKE PINE		
TEIN DIN	PPOCE	
rpose for which	ch the corporation is organized is: ANY AND	ALL LAWFUL BUSINESS
	•	
		
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	ARES 1000 SHARES of stock is:	
LE V INI	TIAL OFFICERS AND/OR DIRECTORS Sille: RICHARD A. GUERRERO President 90	% Name and Title:
LE V INI	TIAL OFFICERS AND/OR DIRECTORS	% Name and Title:
LE V INI	TIAL OFFICERS AND/OR DIRECTORS Fille: RICHARD A. GUERRERO President 90	Name and Title:
LE V INI	TIAL OFFICERS AND/OR DIRECTORS Citle: RICHARD A. GUERRERO President 90 11145 SW 6 STREET SUITE 4-101	Name and Title:Address:
Name and T Address	TIAL OFFICERS AND/OR DIRECTORS RICHARD A. GUERRERO President 90 11145 SW 6 STREET SUITE 4-101 PEMBROKE PINES, FL 33025 GERARDO I. RAMIREZ Manager 586	Name and Title:
Name and T Address	TIAL OFFICERS AND/OR DIRECTORS RICHARD A. GUERRERO President 90 11145 SW 6 STREET SUITE 4-101 PEMBROKE PINES, FL 33025 ide: GERARDO J. RAMIREZ Manager 5% 11145 SW 6 STREET	Name and Title: Address: Name and Title:
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Name and Title:		Name and Title:		
Addre				
TICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the	registered agent is:		
me:	RICHARD A. GUERRERO			
dress:	11145 SW 6 STREET SUITE 4-101			
	PEMBROKE PINES, FL 33025			
	INCORPORATOR			
Name:	Iddress of the Incorporator is: RICHARD A. GUERRERO			
Address:	11145 SW 6 STREET SUITE 4-101			
	PEMBROKE PINES, FL 33025			
ctive date, if in effective of g.) a: If the date	** inserted in this block does not meet the applicable statute ffective date on the Department of State's records.	•		
	wed as Pegistered agent to accept service of process for the amplitude with and accept the appointment as registered			
	feller water hars.	11/14/2019		
	Required Signature/Registered Agent	Date		
	Kednited 218 istorio a vio 813 tel cui Alteni			
mane to the	ument and affirm that the facts stated herein are true.			
mane to the	uprofit and affirm that the facts stated herein are true.			