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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973

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FLORIDA PROFIT/NON PROFIT CORPORATION PEDRAZAS PROPERTIES USA CORP

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November 27, 2019

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: PEDRAZAS PROPERTIES USA CORP

REF: W19000102956

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list a title for each personnel listed under the "Initial Directors and/or Officers" section. (Please note: If no address for the personnel is listed, the principle address will be utilized as that personnel's corresponding address.)

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Jalesa S Dennis Regulatory Specialist II New Filing Section

FAX Aud. #: H19000340334 Letter Number: 519A00024239

FT

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

		The marrie of	the corporation is:
ARTICLEA	NAME:	The name of	The cite borners in
SALES OF THE PARTY		•	

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ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
2020 NE 163 ST 300D, MIAMI FL 33162	<del></del>
ARTICLE III SHARES: The number of shares of stock is: 100	<u></u> .
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS	
Albero Pedrazas - D	
Micaela Pedrazas	<u></u>
Michelle Pedrazas - D	
Diego Pedrazas D	
Diedo L Golazza	10 m
	<u> </u>
	· · · :=
ARTICLEV INITIAL REGISTERED AGENT AND STREET AL	DRESS:
The name and Florida street address (PO Box not acceptable) of the register	ed agent is
Consulting & Service Solution Corp	
001001 <u>001</u> 0000 15	
0000 NE 463 CT 3000 NRISMI EL 53 104	
2020 NE 163 ST 300D, Miami FL 33162	
2020 NE 163 ST 300D, MIAMI FL 33 102	
and address of the Incu	erporator is
ARTICLE VI INCORPORATOR: The name and address of the Incorporators	rporator is

## Required Signatures:

Having be	en named as r in at the place	egistered age designated u	nt to accept se i this certifica agent and ag	rvice of p te, I am fa ree to act	rocess for the ab miliar with and i in this capacity	ove stated accept the
	арропине		· ·		01/02/2021)	

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.

Caro Delig 205 01/02/2020
Lincorporator