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Account Name : LEGALINC CORPORATE SERVICES INC.

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

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ARTICLES OF INCORPORATION

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

ARTICLE II PRINC 2123 Renaissance Bould	Principal street address	Mailing add 2123 Renaissance Be	lress, if different is. oulevard. Apt 208
Miramar, FL 33025		Miramar, FL 33025	
ARTICLE III PURPO	OSE Any and al corporation is organized is:	l lawful business	
	ne corporation is organized is:		
			(0.0)
			190 Core All
ARTICLE IV SHARI	<u>ES</u> 1,000 stock is		C-2 AM II: 30 TARY OF STATE AHASSEE, FL
	L OFFICERS AND/OR DIRECTORS Amber Nelson, Director	Name and Title:	
Address	2123 Renaissance Boulevard, Apt 208		
	Miramat, FL 33025		
Name and Title		Name and Title:	
Address		Address.	
Name and Title			
Address		Address.	

To: 13506176381 From: 14693173436 Date: 11/27/19 Time: 11:19 AM Page: 03/03

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Name and Title.		Name and Little.	
Address		Address	
ARTICLE VI	REGISTERED AGENT	S. A.L	
Name:	lorida street address (P.O. Box NOT acceptable Amber Nelson	Tot the registerest agent is:	
Address.	2123 Renaissance Boulevard, Apr 208	2019 SEC TA	
	Miramar, FL 33025	THE F	
ARTICLE VII	INCORPORATOR	φ	
The name and a	ddress of the Incorporator is:	AM II: 30 Of STATE SEE, FL	
Name:	Amber Nelson		
Address:	2123 Renaissance Boulevard, Apt 208	_	
	Miramar, FL 33025	<u> </u>	
Effective date, if	EFFECTIVE DATE: Tother than the date of filing: date is listed, the date must be specific and can	. (OPTIONAL) mot be more than five days prior or 90 days after the	
Note: If the date the document's e	e inserted in this block does not meet the applicab Effective date on the Department of State's record	ole statutory filing requirements, this date will not be listed as ls.	
Having been nan this certificate, I	med as registered agent to accept service of proc am familiar with and accept the appointment as	ess for the above stuted corporation at the place designated in registered agent and agree to act in this capacity	
_lintre	Required Signature/Registered Agent		
	gment and affirm that the facts stated herein a Repairment of State constitutes a third degree fe	re true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.	
Inter	The Signature treorporator	11/27/2019 Date	
(()			