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FLORIDA PROFIT/NON PROFIT CORPORATION MATIAS KITCHEN CORP

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ARTICLES OF INCORPORATION

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

TICLE I NAME name of the corporation	on shalf be: MATIAS KITCHEN C	ORP	
	P.A.L. OFFICE rincipal <u>street</u> address	F	Mailing address, if different is:
225 MARSEILLE	DR APT 28		
II <u>AMI BE</u> ACH, FL	33141		
TICLE III PURPOS purpose for which the	SE corporation is organized is: ANY ANI	O ALL LAWF	JL BUSINESSES
TICLE IV SHARE.	<u>S</u> Postuire 1000		
TICLE IV SHARE number of shares of st	<u>S</u> rock is: 1000		
number of shares of st	ock is: 1000 OFFICERS AND/OR DIRECTORS		
number of shares of st	ock is: 1000		MELANIE J ORELLANA JA ME-VP
number of shares of st	ock is: 1000 OFFICERS AND/OR DIRECTORS		1225 MARSEILLE DRIAPT 2
number of shares of starting o	OCK IS: 1000 OFFICERS AND/OR DIRECTORS MATIAS A ORELLANA JAIME - P		÷ 1-2
number of shares of st FICLE V INITIAL Name and Title:	OCK IS: 1000 OFFICERS AND/OR DIRECTORS MATIAS A ORELLANA JAIME - P 1225 MARSEILLE DR APT 28		1225 MARSEILLE DRIAPT 2
number of shares of starting the share and Title: Address	OCK IS: 1000 OFFICERS AND/OR DIRECTORS MATIAS A ORELLANA JAIME - P 1225 MARSEILLE DR APT 28	Address:	MIAMI BEACH, FLESSES AND SEES.
number of shares of starting in the share and Title: Address Name and Title: Name and Title:	OFFICERS AND/OR DIRECTORS MATIAS A ORELLANA JAIME - P 1225 MARSEILLE DR APT 28 MIAMI BEACH, FL 33141	Address: Name and Title:	MIAMI BEACH, FLESSES AND SEES.
number of shares of starting the share and Title: Address	OFFICERS AND/OR DIRECTORS MATIAS A ORELLANA JAIME - P 1225 MARSEILLE DR APT 28 MIAMI BEACH, FL 33141	Address: Name and Title: Address:	MIAMI BEACH, FLESSES AND SEES.
number of shares of starting in the share and Title: Address Name and Title: Name and Title:	OFFICERS AND/OR DIRECTORS MATIAS A ORELLANA JAIME - P 1225 MARSEILLE DR APT 28 MIAMI BEACH, FL 33141	Address: Name and Title: Address:	MIAMI BEACH, FLESSES AND SEES.
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m: Robert Fa	injul Fax: 187750	36086 To:		Fax: (850) 617-6381	Page: 3 of 3	01/02/2020 7:58 AM
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		ISTERED AGE				
Γ	The <u>name and Florid</u>	<u>a street address</u> (P.O. Box NOT accepta	ible) of the registered agent	15:	
	Name: M	ATIAS A ORELLA	ANA JAIME		•	· ' · · ' · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·			
	Address: <u>1</u>	225 MARSEI	LLE DR APT 28			
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٠.	·	<u>IIAMI BEACH</u>	1, FL 33141	· · · ·		S 25
						720 170
<u> </u>	<u> (RTICLE VII - INC</u>	ORPORATOR `				
· · · · <u>.</u>						≥> ~ =
7	The <u>name and addres</u>	is of the Incorpora	tor is:			表 · 2 『
`	Name:	MATIAS A ORE	LLANA JAIME	• • • • • • • • • • • • • • • • • • • •		SSE T
•						AM II: 44 OF STATE
	Address:	<u> 1225 MARS</u>	SEILLE DR APT	<u>28 </u>		
		MIAMIREA	CH, FL 33141_		-	
		WINNIN DEP	1011,1200141			
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	ARTICLE VIII EF.					
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· · · E	Having been named a	s registered agent	to accept service of pro	ocess for the above stated c	orporation at the	place designated in this
	ertificate, I am famili	ar with and accep	ot the appointment as r	egistered agent and agree	to act in this capa	city ·
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		Kequirea Sig	mature/Registered Ager	iii.	`· •. •	Date
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, , K	Required Signature/In	согрониог			Date	