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 Fax Number : (850)617-6381

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305)552-5973
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
 MOLINOS SERVICE INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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 SECRETARY OF STATE
 TALLAHASSEE, FL

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JS
 1/6/20

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Molinas Service Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

15974 SW 71 Terr Miami FL 33193**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Yosvany Bernal (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent

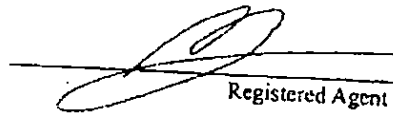
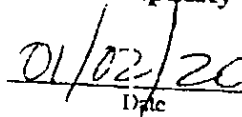
Yosvany Bernal15974 SW 71 TerrMiami FL 33193**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Yosvany Bernal15974 SW 71 TerrMiami FL 33193SECRETARY OF STATE
TALLAHASSEE, FL

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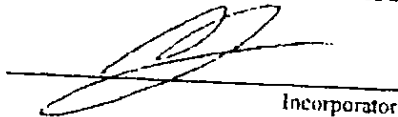
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Required Signatures:

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


Registered Agent
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.


Incorporator
Date**FILED**

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