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## FLORIDA PROFIT/NON PROFIT CORPORATION INVERSIONES Y REPRESENTACIONES G&B CORP

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	IPAL OFFICE Principal street address		Mailing address, if different is:		,		
8160 GENEVA CT. #104	1	8	8160 GENEVA CT. #104			<b>-</b>	
DORAL, FL 33167		D	DORAL, FL 33167				
ARTICLE III PURPO The purpose for which th	SE e corporation is organized is:						
ANY AND ALL LAWFUL	BUSINESS						
			<u> </u>				
<del></del>				· 	· 		
· · · · · · · · · · · · · · · · · · ·		<del>_</del> .	<del></del>	· · ·			
				·	20 J.	75.27	
					A	CRE IX	
ARTICLE IV SHARE, The number of shares of st	<u>\$</u> ock is:				5 AM 10	RY OF SI	
ARTICLE V INITIAL	OFFICERS AND/OR DIRECTORS				. <del>``</del>	TATE ATTONS	
Name and Title:	P: GABRIEL E. BOSCAN SEMPRUN	Name and	d Title:	-		<u>_</u>	
Address _	3160 GENEVA CT. #104	Address:		-		<del></del>	
- 1 -	DORAL, FL 33167	_ <del>.</del>			<u>-</u>	<del></del>	
Name and Title:_		Name and	l Title:				
Address _						·	
_							
Name and Title:		Name and	Title:				
			<del></del>				

Name and Title:		Name and Title:			
Address		Address:			
•					
ARTICLE VI	REGISTERED AGENT		•		
	lorida street address (P.O. Box NOT acceptable	e) of the registered agent is:			
Name:	GABRIEL E. BOSCAN SEMPRUN	, , , , , , , , , , , , , , , , , , , ,			
Address:	8160 GENEVA CT. #104	<del></del>	•		
	DORAL, FL 33167	<del></del> .			
ARTICLE VII	INCORPORATOR				
The <u>name and ac</u>	Idress of the Incorporator is:				
Name:	GABRIEL E. BOSCAN SEMPRUN	<u> </u>			
Address:	8160 GENEVA CT. #104				
	DORAL, FL 33167				
Effective date, if	other than the date of filing: 01/14/2020	(OPTION/	AL)		
(If an effective d filing.)	ate is listed, the date must be specific and can	not be more than five days	s prior or 90 days after the		
Note: If the date the document's ef	inserted in this block does not meet the applicab fective date on the Department of State's record	le statutory filing requireme s.	ents, this date will not be listed as		
Having been nam his certificate, I a	ned as registered agent to accept service of proce om familiar with and accept the appointment as t	ess for the above stated corp egistered agent and agree to	poration at the place designated is act in this capacity		
X G			01/14/2020		
	Required Signature/Registered Agent		Date		
submit this doct ocument to the D	ument and affirm that the facts stated herein ar Department of State constitutes a third degree fel	e true. I am aware that the ony as provided for in s.817.	false information submitted in a		
X /			01/14/2020		
Requir	ed Signature/Incorporator		Date		