Page: 1 of 3

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From:

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Account Number : I20190000080 Phone : (305)603-8791

Fax Number : (877)503-6086

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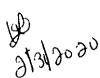
FLORIDA PROFIT/NON PROFIT CORPORATION YONAY RUIZ INC

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Page: 2 of 3

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

ICLE II PRIN	CIPAL OFFICE Principal street address	Mailing address, if differ	rent is
2 SW 23RD T	ERRACE		
ICLE III PURP			
Y AND ALL LA	WFUL BUSINESSES		
	RES If stock is: 1000		
number of shares of	RES of stock is: 1000 MAL OFFICERS AND/OR DIRECTORS ste: YONAY RUIZ CORTES - P 2742 SW 23RD TERRACE	Name and Title: Address:	
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njul Fax: 187	75036086 To:	Fax: (850) 617-6381	Page: 3 of 3	01/31/2020 9:54 AM
Name and '	Fitle:	Name and Title:		
Address		Address:		
				
				
	E <u>GISTERED AGENT</u> ridn street address (P.O. Box NOT acceptal	ble) of the registered agent is	: :	
Name:	YONAY RUIZ CORTES			
Address:	2742 SW 23RD TERRACE			
	MIAMI, FL 33145			
ARTICLE VII L	NCORPORATOR			
The <u>name and ado</u>	tress of the Incorporator is:			
Name:	YONAY RUIZ CORTES			
Address:	2742 SW 23RD TERRACE			
	MIAMI, FL 33145			
Effective date, if o	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and	cannot be more than five	ONAL) days prior or 90 d:	ays after the
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Having been nam certificate, I am fu	ed as registered agent to accept service of pr miliar with and accept the appointment as t	ocess for the above stated co registered agent and agree to	rporation at the place or act in this capacity	ce designated in this
	Tu)		01/3	31/2020
	Required Signature/Registered Age	nt		Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a

01/31/2020

document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

Required Signature Ancorporator

From, Robert