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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000062072 3)))



H200000620723ABCT

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

****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
ISKA MIAMI CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

FILED
2020 FEB 25 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2020 FEB 25 AM 9:42
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SERIAL
NUMBER

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ISKA MIAMI CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
1150 NW 8 ST RD APT 5

Mailing address, if different is:

MIAMI, FL 33136**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: KATTY R RODRIGUEZ RODRIGUEZ-P

Name and Title: _____

Address

1150 NW 8 ST RD APT 5

Address: _____

MIAMI, FL 33136

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: KATTY R RODRIGUEZ RODRIGUEZ
Address: 1150 NW 8 ST RD APT 5
MIAMI, FL 33136

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: KATTY R RODRIGUEZ RODRIGUEZ
Address: 1150 NW 8 ST RD APT 5
MIAMI, FL 33136

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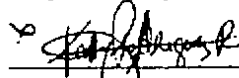
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

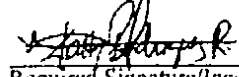


Required Signature/Registered Agent

02/24/2020

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.



Required Signature/Incorporator

02/24/2020

Date