Division of Corporations

2/27/20

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : I20200000022 Phone : (305)420-5722

: (305)643-5225 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address

FLORIDA PROFIT/NON PROFIT CORPORATION

Con3ras Investments Inc.

Certificate of Status	1
Certified Copy	0
Page Count	3
Estimated Charge	\$78.75

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ARTICLE I NAM. The name of the corpor		SI	nuest	MENTS	Inc
ARTICLE II PRIN	CIPAL OFFICE Principal street address 1ST STE 216	_	941 HG	address, if different CSTERS	ntis: COSSING RD
MIAMI	FL 33135		_	POCK T	X 78681
The purpose for which	ose the corporation is organized is: _U BUSINESS		and	ALL	
	stock is: (CC) LOFFICERS AND/OR DIRECTORS		,		
	JOSE Contrelas Preside		Title:		
Address	APT ZII3 ROUD ROCK, TX 78	_			
Name and Title:		_ Name and	Title:		
Address					<u> </u>
Name and Title:		Name and	Title:		
, Address _		_ Address:			
-		•		· · · · · · · · · · · · · · · · · · ·	

Name and	d Title:	Name and Title:	· · · · · ·
Address		Address:	
			
	<u>REGISTERED AGENT</u> prida street address (P.O. Box NOT acceptable	i) of the projetored scent is:	
Name:	JOSE CONTRER		
Address:	1800 SW IST ST		_
	MIAMI FL 331		2020 Sec All
			FEB AHAS
ARTICLE VII I	<u>NCORPORATOR</u>		SSE ZJ
The <u>name and add</u>	ress of the Incorporator is:		
Name:	JOSE CONTRELA	2	1 9: 0 Loans
Address:	1800 SW 1ST S	STE 216	50 3
	MIAMI FL 3	<u>3</u> 135	
Effective date, if of (If an effective dat	FFECTIVE DATE: her than the date of filing: 02 26 2 e is listed, the date must be specific and can		or 90 days after the
	serted in this block does not meet the applicab ctive date on the Department of State's record		is date will not be listed as
Having been named certificate, I am fam	as registered agent to accept service of process illiar with and accept the appointment as regist	for the above stated corporation a cred agent and agree to act in this	t the place designated in this capacity
-()	Required Signature/Registered Agent		02 26 2020 Date
	ent and affirm that the facts stated herein ar		
document to the Dep	partment of State constitutes a third degree felo	•	_
Required Sugrature/	Incorporator	Date	02/26/2020
	···r - 'وح'	Date	