

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.

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

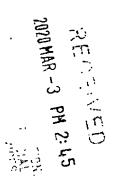
Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email	Address	:								
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FLORIDA PROFIT/NON PROFIT CORPORATION **IBANEZ UNITED INC**

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



3052201440

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

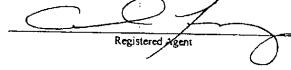
ARTICLE 1 NAME: The name of the corporation is:

Ibane	ez United Inc
A	RTICLE II PRINCIPAL OFFICE:
The pr	incipal street address and mailing address is:
990	9 NW 9th Courth Plantation, FL 33324
	·
	:
ARTICLE III SHAI	RES: The number of shares of stock is:
	·
	INITIAL DIRECTORS AND/OR OFFICERS:
CARLOS	GUSTAVO IBANEZ (P)
ARTICLE V INIT	TIAL REGISTERED AGENT AND STREET ADDRESS:
	reet address (PO Box not acceptable) of the registered agent is
CARLOS	· · · · · · · · · · · · · · · · · · ·
	W 9th Court
~	
PLANTAT	ION, FL 33324
PLANTAT	10N, FL 33324
	ORPORATOR: The name and address of the Incorporator is:
ARTICLE VI INC	· · · · · · · · · · · · · · · · · · ·
ARTICLE VI INC	ORPORATOR: The name and address of the Incorporator is:

Required Signatures:

3052201440

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



3/3/20 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.

Incorporation

3/3/20 Date

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