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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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FLORIDA PROFIT/NON PROFIT CORPORATION
SAES WHOLESALE INC

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ADD EIN: 84-5092545

ARTICLE I NAME: The name of the corporation is:Saes Wholesale INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

175 FONTAINE BLEAU BLVD
SUITE 2-K2
MIAMI FL 33172**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**SAID ESCALONA PEREIRA
(PRESIDENT)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

SAID ESCALONA PEREIRA
175 FONTAINE BLEAU BLVD
SUITE 2-K2
MIAMI FL 33172**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:SAID ESCALONA PEREIRA
175 FONTAINE BLEAU BLVD SUITE 2-K2
MIAMI FL 33172

Required Signatures:

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

Registered Agent_____
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.

Incorporator_____
DateDEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2020 MAR 12 AM 12:58

FILED