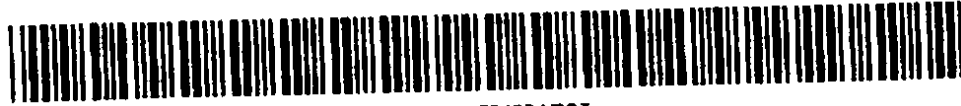


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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
COMERCIALIZADORA PSJ INC**

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

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

ARTICLE I NAMEThe name of the corporation shall be: COMERCIALIZADORA PSJ INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
5200 NW 26TH AVE APT 29
MIAMI, FL 33142Mailing address, if different is:
5200 NW 26TH AVE APT 29
MIAMI, FL 33142**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JOSE ALVAREZ PRESIDENTAddress: 5200 NW 26TH AVE APT 29
MIAMI FL 33142Name and Title: SERGIO MATAMOROS VPAddress: 5200 NW 26TH AVE APT 29
MIAMI FL 33142Name and Title: MARIA ALVAREZ SECRETARYAddress: 5200 NW 26TH AVE APT 29
MIAMI FL 33142

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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MIAMI, FL 33134

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ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: MARIA ALVAREZAddress: 5200 NW 26TH AVE APT 29
MIAMI, FL 33142**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: MARIA ALVAREZAddress: 5200 NW 26TH AVE APT 29
MIAMI FL 33142**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 03/16/2020

(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.) (OPTIONAL)

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*Maria Alvarez
Required Signature/Registered Agent03/16/2020

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.*Maria Alvarez
Required Signature/Incorporator03/16/2020

Date