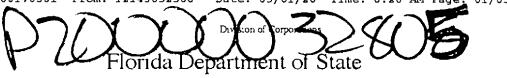
5/1/2020



Division of Corporations **Electronic Filing Cover Sheet** 

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(((H20000128287 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*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

Manny Miranda Financial Services, Inc.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$70.00 |

J. FASON

MAY 0 1 2020

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176381 From: 12143052508 Date: 05/01/20 Time: 8:20 AM Page: 02/03 (((H200001282873)))

## ARTICLES OF INCORPORATION

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

|  | in computance with Chapter 607 an                              | DUI Chapici Gzr, r.s. (r.i | <i>3111)</i>              |
|--|--|----------------------------|---------------------------|
| ARTICLE I NAME The name of the corpora     | tion shall be: Wanny Mira k                                    | aa Financi                 | al Senices. Inc           |
| ARTIÇLE II PRINC                           | CIPAL OFFICE Principal street address                          |                            | address, if different is: |
| ARTICLE III PURPO<br>The purpose for which | the corporation is organized is:                               | povide fi                  | rancial                   |
|  |  |                            |                           |
|  |  |                            |                           |
| Name and Titl                              | Stock is: 100  AL OFFICERS AND/OR DIRECTORS  C: MANNY MYZIVA A |                            |                           |
| Address                                    | Palmetto Buy, Fi<br>33157                                      | Address:                   |                           |
| Name and Title                             |  |                            | 2020 HA                   |
|  |  |                            | - III                     |
|  | :  |                            | - 17 W                    |
| Address                                    |  | Address:                   |                           |
|  | <del></del>  |                            |                           |

· · · To: 18506176381 From: 12143052508 Date: 05/01/20 Time: 8:20 AM Page: 03/03

(((H20000128287 3)))

| Name and Title:  | Name and Title:   |
|--|---|
| Address  | Address:  |
|  |   |
|  |   |
|  |   |
| ARTICLE VI REGISTERED AGENT  |   |
| The name and Florida street address (P.O. Box NOT acceptable) of   | the registered agent is:  |
| Name: Carol Sokolow CPA.   |   |
| Address: 9500 S. Dadeland BI   | wd. Sto 700   |
| Miami, FL. 33151   |   |
|  |   |
| ARTICLE VII INCORPORATOR   |   |
| The name and address of the Incorporator is:   |   |
| Name: Manny Miranda  |   |
| Address: 168965. Dixie Hou   | 4   |
| Palmetto Bay F   | 33157   |
| : (A)  |   |
| ARTICLE VIII EFFECTIVE DATE:   | (2777)  |
| Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and canno                          | t 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 the document's effective date on the Department of State's records.        | statutory filing requirements, this date will not be listed as  |
| Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered. | or the above stated corporation at the place designated in this<br>ed agent and agree to act in this capacity |
| Chinklen Kalant  | 4/27/20   |
| Required Signature/Registered Agent  | Date  |
| I submit this document and affirm that the Jaces stafed herein are   | true. I am aware that the false information submitted in a  |
| document to the Department of State constitutes a third degree selon;  | 4/27/27   |
| Required Signature/ personated   | Date /  |
| 1 2 (  | /   |