

P20192003411Z

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
INVESTRUNK, INC.

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

J. PASON

MAY 11 2020

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

ARTICLE I NAME

The name of the corporation shall be:

INVESTRUNK, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6860 NW 179TH ST SUITE 206**HIALEAH, FL 33015****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Real Estate Investment Trust and other investments**ARTICLE IV SHARES**The number of shares of stock is: **1,000,000****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **MELANY DEAZA (P)**

Name and Title:

Address: **6860 NW 179TH ST SUITE 206**
HIALEAH, FL 33015

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

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STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE

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: INVESTOR ZIPPER, INC.
Address: 6860 NW 179TH ST SUITE 206
HIALEAH, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MELANY DEAZA
Address: 6860 NW 179TH ST SUITE 206
HIALEAH, FL 33015

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/7/2020 (OPTIONAL)
(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.)

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

/s/ Andres Parra Andres Parra
Required Signature/Registered Agent

5/7/2020
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.

Required Signature/Incorporator

05/7/2020
Date