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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	,	To:	
		Division of Corporations	
K	PACE	Fax Number : (850)617-6381	~
		From:	100.
MAY	20 2020	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019	70207
		Phone : (305)552-5973	•
		Fax Number : (305)675-5944	9
		**Enter the email address for this business entity to be used for future	PH
		annual report mailings. Enter only one email address please.**	ļ: 5(
		Email Address:	0
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## FLORIDA PROFIT/NON PROFIT CORPORATION HENRY FERNANDEZ INC.

Certificate of Status	0
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	LAZARUS	CORPORATE
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PAGE 02/03

5/19/2020

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

The name of the corporation shall be:	CEO MACINO
ARTICLE IL PRINCIPAL OFFICE	FLANARUEZ INC.
Principal street address	Mailing address, if different is:
28 SW 2 ST, #219	same
MIAML FC. 33130	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
ANY AND ALL LEGAL	ACTIVITIES
	W 34
	1 Ex
No.	
1.	
ARTICLE IV SHARES The number of shares of stock is: 100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	<b>?</b>
Name and Title: PTSD	Name and Title:
Address HENRY FERNANDEZ	
221 SW 12 ST, # 219	
MIAMI, FL. 33130	
Name and Title:	Name and Title
Address	A 4.1
	Address:
<del></del>	- <del> </del>
Name and Title:	and the second s
	C. T. Common Com
Address	
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5/19/2020

LAZ3 inc

	5 E.J. 198
Name and Title:	Name and Title:
Address	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)	of the revistered agent is:
Name: HENRY FEANANDEZ	Epot 13.
Address: 221 S.W. 12 ST., #2	
MIAMIL FL. 33130	•
	Α'
ARTICLE VIL INCORPORATOR	
The mame and address of the Incorporator is:	
Name: HENRY FERNAND	£2
Address: 221 SW 12 ST. # 2	219
MIAMI, FL. 33130	<del>-</del>
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and canbo filing.)	DO Q (OPTIONAL)  of be more than five days prior or 90 days after the
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 register	TH agent and agree to act in this capachy
Required Signature/Registered Agent	05/13/2020
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
Required Sophature Incorporate	05/13/2020
	DAILC