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To:

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

From:

Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION  
Account Number : I20190000086  
Phone : (305)275-1300  
Fax Number : (888)653-6564

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: info@ulloacompany.com

## FLORIDA PROFIT/NON PROFIT CORPORATION

Safrane Corp

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

MAY 29 2020

T. SCOTT

FILED  
2020 MAY 28 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2020 MAY 28 PM 3:23

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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: Safrane Corp

### ARTICLE II PRINCIPAL OFFICE

Principal street address is: 1230 NE 139 Street, Apt 304, Miami, FL 33161

Mailing address, if different is:

### 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: Francisco Mulonga, President

Address: 1230 NE 139 Street, Apt 304, Miami, FL 33161

Name and Title: Yaquelin Montero, Vice-President (VP)

Address: 1230 NE 139 Street, Apt 304, Miami, FL 33161

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

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TALLAHASSEE, FL 32304

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is

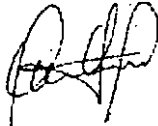
Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

**ARTICLE VIII EFFECTIVE DATE**

Effective date, if other than the date of filing:

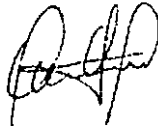
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

05/22/2020

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

05/22/2020