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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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

| Email | Address: |  |      |
|-------|----------|--|------|
|       | 744.533. |  | <br> |

## FLORIDA PROFIT/NON PROFIT CORPORATION MONTESINO PHOTOGRAPHY CORP

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

(JUH 0 4 2020

T. SCOTT

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

| ARTICLE I NAME: The name of the corporation is:                                       | . •           |    |
|---|---------------|----|
| MONTEGINO Photography Coip  | - <del></del> | _  |
| ARTICLE II PRINCIPAL OFFICE:  |               |    |
| The principal street address and mailing address is:                                  |               |    |
| 16494 Sw 61 Way   |               |    |
| MIGMI FL 33193  |               |    |
| ARTICLE III SHARES: The number of shares of stock is: 100                             |               |    |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:   |               |    |
| MARIELA MONTEBIND (P)   | . 22          |    |
|   | ر 120         |    |
|   | . <b>≨</b>    | == |
|   | ယ်            |    |
|   | PH 12:        |    |
|   | : 07          |    |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:                                |               |    |
| The name and Florida street address (PO Box not acceptable) of the registered agent i | s:            |    |
| 16494 Sw 61 Way   |               |    |
| MIAMI FI 33193  |               |    |
| Mariela Montesino   |               |    |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is                  | j:            |    |
| Mariela Montesind   |               |    |
| 16494 SW 61 Way   |               |    |
| Mam! Fl 33193   |               |    |

## Required Signatures:

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

Registered Agent

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.