7/30/2020

2020-07-30 15:12:07 (GMT) 13053284774 From: Yanet Avila Division of Corporate orida Department of State

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FLORIDA PROFIT/NON PROFIT CORPORATION MEDERO PARTY RENTAL INC.

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ARTICLES OF INCORPORATION

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

The name of the corporat	ion shall be: MEDERO PARTY RE	ENTAL INC.	
1421 NW 1st STR	Principal <u>street</u> address EET APT 6	1421 NW 1st MIAMI, FL 33	address, if different is: STREET APT 6
	<u>2SE</u> he corporation is organized is: <u>ANY AN</u>	D ALL LAWFUL BU	
ARTICLE IV SHARI The number of shares of	ES stock is: SHARES: 100		2020 JUL
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		· ω
Name and Title	RUBEN MEDERO (P/S/D)	_ Name and Title:	
Address	1421 NW 1st STREET APT 6 MIAMI, FL 33125		
	William Cooker		F . F
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

Name and T	itle:	Name and Title:
Address		Address:
	COURTED DE ACCUSE	
The name and Flori	GISTERED AGENT da street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	RUBEN MEDERO	-
Address:	1421 NW 1st STREET APT 6	~
_	MIAMI, FL 33125	_
	·	
ARTICLE VII IN	CORPORATOR	
The name and addr	ess of the Incorporator is:	
Name:	RUBEN MEDERO	200
Address:	1421 NW 1st STREET APT 6	- 20
	MIAMI, FL 33125	~ ω
		· · · · · · · · · · · · · · · · · · ·
Effective date, if oth	er than the date of filing:	.(OPTIONAL)
(If an effective date filing.)	e is listed, the date must be specific and cannot	ot be more than five days prior or 90-days after to the more than five days prior or 90-days after to the more than five days prior or 90-days after the five days a
	serted in this block does not meet the applicable cuve date on the Department of Sinte's records.	stanutory filing requirements, this date will not be li
Having been named	as registered agent to accept service of process f	or the above stated corporation at the place designate
certificate, I am fam	iliar with and accept the appointment as register	red agent and agree to act in this capacity
/	/s / Peaken Modero Required Signature Registered Agent	
		/ Date
I submit this docum document to the Dep	ent and affirm that the facts stated herein are vartment of State constitutes a third degree felon	true. I am aware that the false information submity as provided for in s.817.155, F.S.
	/s/ Rules Modero	Date 07/28/30
Required Signature/		Date /