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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 08-07-20

NAME: HYDRODOM 2 CORPORATION

TYPE OF FILING: ARTICLES OF INCORPORATION

COST: 70.00 + 8.75

RETURN: GOOD STANDING

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Hydrodom 2 Corporation (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
SUBJECT:	(PROPOSED CORPORA	TENAME - MUST INCL	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:		
\$7 0.00	⊠ \$78.75	□ \$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
1 ming 1 cc	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status		
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FROM:	•	Ave #200 Address CA 9/705 7, State & Zip -/970 Telephone number			
	F-mail address: (to be us	ed for future annual report	notification)		

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE II PRINC				4.411	Cornant in	
	Principal <u>street</u> addr			Aailing address, if d	interent is:	
14261 5	w 120th 59	F. #103-594				
Mioni, FL	33186					
ARTICLE III PURPO The purpose for which t	<u>NSE</u> he corporation is org	ganized is: to	engage in a	ing lawful	activity	
The purpose for which t	Co-positions A	uy be incom	ponted in	this state	e	
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ARTICLE IV SHAR The number of shares of ARTICLE V INITIA Name and Titl Address	es fock is: 10.0 AL OFFICERS ANI ERGE 14261 S 4103-59	oor directors SHARIBIA	Name and Title Address:	preside	T'ATE	25
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· · Name and '	Title:	Name and Title:	
Address		Address:	
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		-	
ADTICI FVI R	EGISTERED AGENT		
he name and Flo	rida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	Paracorp Incorporated	_	
Address:	155 Office Plaza Drive, 1st Flo	or —	
	Tallahassee, FL 32301	_	
ARTICLE VIL 1	<u>NCORPORATOR</u>		
Name: Address:	SERGE GHARBI 14261 SW 12025 4103.594 MOOM EFFECTIVE DATE:	<u>:</u> F1 33/86	
Effective data if	other than the date of filing: ate is listed, the date must be specific and cann	(OPTIONAL not be more than five days	.) prior or 90 days after the
Note: If the date the document's ef	inserted in this block does not meet the applicable fective date on the Department of State's records	e statutory filing requiremen	nts, this date will not be listed
Having been nam certificate, I am fi	ed as registered agent to accept service of process uniliar with and accept the appointment as registe	for the above stated corporate ered agent and agree to act h	tion at the place designated in t n this capacity
S	See attached		08/06/2020
	Required Signature/Registered Agent		
	Keditien alänginie Kegistern Verin		Date
I subgait this doc	ument and affirm that the facts stated herein at	e true. I am aware that the	false information submitted l
I submit this doc	ument and affirm that the facts stated herein and bepartment of State constitutes a third degree felo	re true. I am aware that the ony as provided for in s.817.1	false information submitted l

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STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

AH 9:

DATE: 08/06/2020

ENTITY NAME: Hydrodom 2 Corporation

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated