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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (917)243-5843

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

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## FLORIDA PROFIT/NON PROFIT CORPORATION STONESHINE SOUTH INC.

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

	VCIPAL OFFICE Principal <u>street</u> address ND DRIVE	Mailing add	ress, if different is: ND DRIVE
IAMI FL 33109		MIAMI FL 33109	
e purpose for which nich corporations m	h the corporation is organized is:	in any lawful act or activity for	
TICLE IV SIIA e number of shares	RES 100 of stock is:		DAUG IL AM
	tle: JASON STONE -PRESIDENT 2122 FISHER ISLAND DRIVE MIAMI FL 33109	Address:	12: <b>14.</b>
Name and Ti Address	2122 FISHER ISLAND DRIVE MIAMI FL 33109	Address:  Name and Title:  Address:	gm ‡

Name ar	nd Title:	Name and Title:
Address	s	Address:
	٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠١ - ١٠٠١ - ١٠٠٠ - ١٠٠ - ١٠٠ - ١٠٠ - ١٠٠ - ١٠٠٠ - ١٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١	
ARTICLE VI	REGISTERED AGENT	
The name and F	lorida street address (P.O. Box NOT accept	ible) of the registered agent is:
Name:	JASON STONE	
Address:	2122 FISHER ISLAND DRIVE	
,	MIAMI FL 33109	
		1020 AUG 14
ARTICI F VII	INCORPORATOR	106 AE
		- 155 SSS
The name and a	ddress of the Incorporator is:	ርህ ፡- ርህ - ረ
Name:	JASON STONE	<b>A</b>
Address:	2122 FISHER ISLAND DRIVE	<b>1.1:1</b>
	MIAMI FL 33109	•
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, if	other than the date of filing:	
(If an effective of days after the fi	<del>-</del>	cannot be more than five business days prior or 90 business
		icable statutory filing requirements, this date will not be listed as
the document's e	ffective date on the Department of State's rec	ords.
Havine been not	ned as repistered opent to accept service of t	rocess for the above stated corporation at the place designated in
		as registered agent and agree to act in this capacity
		08-14-2020
	Required Signature/Registered Ages	
I submit this doc	\ ument and affirm that the facts stated herei	n are true. I am aware that the false information submitted in a
	Department of Stole condititutes a third degree	
	Kasortun	08-14-2020 ·
Requi	red Signature/Incorp) rator	Date