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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
TIBAMA2020, INC

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

C RICO
AUG 18 2020

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: TIBAMA2020, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

501 BLUE HERON DR. APT 206501 BLUE HERON DR. APT 206HALLANDALE BEACH, FL 33009HALLANDALE BEACH, FL 33009**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: P: TIBAIRE M. GUEVARA C.Name and Title: VP: LEONARDO J. PESCE G.Address 501 BLUE HERON DR.Address: 501 BLUE HERON DR.APT 206APT 206HALLANDALE BEACH, FL 33009HALLANDALE BEACH, FL 33009

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

20 AUG 18 AM 9:15
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CLERK OF DISTRICT COURT
HALLANDALE BEACH, FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: TIBAIRE M. GUEVARA C.
Address: 501 BLUE HERON DR. APT 206
HALLANDALE BEACH, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

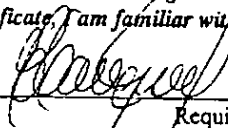
Name: TIBAIRE M. GUEVARA C.
Address: 501 BLUE HERON DR. APT 206
HALLANDALE BEACH, FL 33009

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/13/2020 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

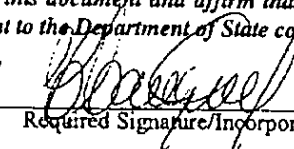


Required Signature/Registered Agent

08/13/2020

Date

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

08/13/2020

Date