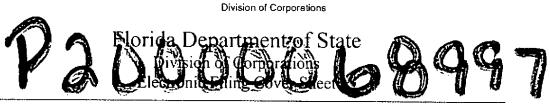
9/8/2020



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To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : BOOKKEEPING DONE RIGHT INC

Account Number: I20200000064

Phone : (786)273-7055 Fax Number : (111)111-1111

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

Email A	ddress:				

## FLORIDA PROFIT/NON PROFIT CORPORATION Katria Butterfly Inc.

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Help

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

<u>ICI.E II PRI</u>	NCIPAL OFFICE				
	Principal street address	Mailing a	Mailing address, if different is:		
52 SW 164th T	etr				
ni, FL 33157			· · · · · · · · · · · · · · · · · · ·		
<u>ICLE III PUR</u>	<u>POSE</u>				
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Address		Address:		
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ne a <u>nd Flori</u> c	GISTERED AGENT da street address (P.O. Box NOT Broche, Katria	acceptable) of the registered agent i	is:	
s: <u>1</u>	1352 SW 164th Terr	<del></del>		
	Miami, FL 33157			
<u>I.E VII INC</u>	<u>CORPORATOR</u>			
ne and addre	ess of the Incorporator is:			2020
c·	Rockkooning Done Dight Inc			

		<del>-</del>	
ARTICLE VI			
The <u>name and l</u>	Florida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Broche, Katria		
Address:	11352 SW 164th Terr	_	
	Miami, FL 33157	_	
<u>ARTICLE VII</u>	INCORPORATOR		
The name and a	address of the Incorporator is:		2
N7	Partition in Partition		)20 E.
Name:	Bookkeeping Done Right Inc	_	SE SE
Address:	4700 NW 7th St Suite 10		
	Miami, FL 33126		020 SEF -8 PM 12: 01
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ADTICLE VIII	EFFECTIVE DATE:		25 12 Z
Effective date, i	f other than the date of filing: 09/08/2020	(OPTIONAL)	
(If an effective filing.)	date is listed, the date must be specific and cann	ot be more than five days prior or	r 90 days after the
Note: If the dat	e 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.		
TT			
certificate, I am	med as registered agent to accept service of process j familiar with and accept the appointment as registe	for the above stated corporation at th red noent and gover to act in this ca	re place designated in this
		on agent and agree to act in this ca	pacas
Katria	Broche		09/08/2020
	Required Signature/Registered Agent		Date
I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false inj y as provided for in s.817.155, F.S.	formation submitted in a
	•		
Required Signati	Armas-Ocejo		9/08/2020
<del>-</del>		15446	