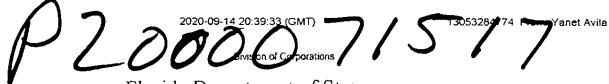
9/14/2020



Florida Department of State Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION MFG ENTERPRISE GROUP CORP

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ARTICLES OF INCORPORATION

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

	on shall be: MFG ENTERPRISE G				
TICLE II PRINCIPAL OFFICE Principal street address		٨	Mailing address, if different is:		
9142 SIA/ 128 DAT	4				
	··· ····				
HOMESTEAD, FL 3	3030		···		
RTICLE III PURPO:	SE corporation is organized is: ANY	AND ALL LAWFUL B	BUSINESS.		
c purpose tor winer in	: corporation is organized is.				
				·	
				<u> </u>	
				SECKLIVK SECKLIVK	
				OKE AA	
RTICLE IV SHARE				P I	
he number of shares of s	tock is: 100			SES EXT	
	CONTRACTOR ASSESSMENT TRACTOR OF THE CONTRACTOR ASSESSMENT ASSESSM	r.			
	LOFFICERS AND/OR DIRECTORS				
Name and Title:	Mary Fernanda Gonzalez Cam	ara (P)Name and Title:		9: 5 SIA E ORIDA	
Address	28142 SW 128 PATH	Address:		> 0:	
•	HOMESTEAD, FL 33030				
	TOMESTE ALL SOCIO				
					
Store of LTHS		Name and Title:			
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Address		Address:			
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Name and Title:		Name and Title:		
Address	·	Address:	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
				
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	Mary Fernanda Gonzalez Camara			
Address:	28142 SW 128 PATH	TAL	202 SE	
	HOMESTEAD, FL 33033	- X	O SEI	•••
<u>ARTICLE VII</u>	INCORPORATOR	ASSEE		[-
The <u>name and a</u>	ddress of the Incorporator is:	FLORID		
Name:	Mary Fernanda Gonzalez Camara	_ OR	를 <u>하</u>	٠.,
Address:	28142 SW 128 PATH		L. C.	
	HOMESTEAD, FL 33033	_		
Effective date, if (If an effective of filing.) Note: If the date	EFFECTIVE DATE: fother than the date of filing: date is listed, the date must be specific and can e inserted in this block does not meet the applicable effective date on the Department of State's record	not be more than five days prior or 90 days : le statutory filing requirements, this date will n		l as
certificate, I um	ned as registered agent to accept service of process familiar with and accept the appointment as regist	tered agent and agree to act in this capacity	signated in	ı this
/s/ Mary Fernanda Gonzalez Camara Required Signature Registered Agent		2 09/11/202	0 ate	—
I submit this do	Required Signature Registered Agent cument and affirm that the facts stated herein a Department of State constitutes a third degree felo	re true. I am aware that the false information		in a
	Fernanda Jonzalez Camar urc/Incorporator		20	
Required Signer	ure/Incorporator	Date		