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Help

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

CLE (I PRINCIPA	AL OFFICE	M	ailing address, if drift	ierent ist
Principal <u>street</u> address 415 SW 42 ST		66 WEST FLAGLER ST 9TH FLOOR		
		MIAMI, FL 33130		
AMI, FL 33155		1411 2411		
ICLE III PURPOSE purpose for which the	corporation is organized is: ANY A	ND ALL LAWFUL B	IUSINESS.	
				····
				
TICLE IV SHARES	ck is: 100			;
TCLEIV SHARES number of shares of sto	ck is: 100			;
number of shares of su	ck is: 100 OFFICERS AND OR DIRECTORS			;
number of shares of sto	ck is: 100		·	
number of shares of sto TICLE V INITIAL Name and Title:	ck is: 100 OFFICERS AND OF DIRECTORS	Name and Title:	,	
number of shares of storest of storest of share and Title: Address	OFFICERS AND OR DIRECTORS DAVID SUBIL (P/T)	Name and Title:Address:		····
number of shares of storest of storest of share and Title: Address	OFFICERS AND OR DIRECTORS DAVID SUBIL (P/T) 6415 SW 42 ST	Name and Title:Address:		····
number of shares of stored in the share and Title: Address	OFFICERS AND OR DIRECTORS DAVID SUBIL (P/T) 6415 SW 42 ST MIAMI, FL 33155	Name and Title:Address:		
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Name and Title:		Name and Title:		
Address		Address:		
ARTICLE VI The name and F	REGISTERED AGENT Iorida strest address (P.O. Box NOT ecceptable)	of the registered egent is:		
Name:	DAVID SUBIL			
Address:	6415 SW 42 ST			
	MIAMI. FL 33155	- 		
ARTICLE VII	INCORPORATOR			
The name and a	ddress of the Incorporator is:			
Namel	DAVID SUBIL			
Address:	6415 SW 42 ST			
	MIAMI, FL 33155	<u></u>		
TT 100	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and ca	nnot be more than five days prior or 90 days after the		
Note: If the dat	e inserted in this block does not most the applical effective date on the Department of State's record	able statutory filing requirements, this date will not be listed as		
Having been na certificate, I am	med as registered agent to accept service of proce familiar with and accept the appointment as regi	ss for the above stated corporation at the place designated in this istered agent and agree to act in this capacity		
- I	Required Signature/Registered Agent	9/14/2020 Date		
I submit this do	cunsent and affirm that the facts stated herein Deparpment of State constitutes a third degree f	are true. I am aware that the false information submitted in a		
document to the	Department of State constitutes a mire degree !	9/14/2020		
Required Signal	rurer Incorporator	Date /		