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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION EXELMARKET, CORP

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

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

ARTICLE I NAMEThe name of the corporation shall be: EXELMARKET, CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
900 WEST 49TH STREET SUITE
SUITE # 224HIALEAH, FL 33012Mailing address, if different is:
900 WEST 49TH STREET
SUITE # 224HIALEAH, FL 33012**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: KASSANDRA LAGE

Name and Title: _____

Address PRESIDENT

Address: _____

900 WEST 49TH STREET SUITE 224HIALEAH, FL 33012

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

1020 SEP 28 PM 3:35
STATE
OFFICE, FL

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: KASSANDRA LAGE
Address: 900 WEST 49TH STREET SUITE 224
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: KASSANDRA LAGE
Address: 900 WEST 49TH STREET SUITE 224
HIALEAH, FL 33012

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/25/2020 (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.

Kassandra Lage

Required Signature/Registered Agent

09/25/2020

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.

Kassandra Lage

Required Signature/Incorporator

09/25/2020

Date

STATE
OFFICE, FL

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