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Account Number : 1200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

	TIB 41 Alegrae		•	
ICLE II PRINC	CIPAL OFFICE.			
7 S ORANGE BLO	Principal street address OSSOM TRL # 109		Mailing addres	s, if different is:
ANDO, FL 32837			9867 S ORANGE BL ORLANDO, FL 3283	OSSOM TRL # 109
		•	U. (U. (1) U. (1) E 0200	<u>, </u>
				
ICLE III PURPO)SE		•	
purpose for which t	he corporation is organized	is: ANY AND ALL	LAWFUL BUSINESS	· · · · · · · · · · · · · · · · · · ·
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ICLE V INITIA	L OFFICERS AND/OR D	IRECTORS		" · · · · · · · · · · · · · · · · · · ·
			une and Title:	" · · · · · · · · · · · · · · · · · · ·
Name and Title	ANDRES ELOY SANC	CHEZ CABADIA Na	une and Title:	······································
		CHEZ CABADIA Na		······································
Name and Title	PRESIDENT	CHEZ CABADIA Na		······································
Name and Title	PRESIDENT 9867 S ORANGE BLOS	CHEZ CABADIA Na		
Name and Title	PRESIDENT	CHEZ CABADIA Na		
Name and Title	PRESIDENT 9867 S ORANGE BLOS	CHEZ CABADIA Na		
Name and Title Address	PRESIDENT 9867 S ORANGE BLOS ORLANDO, FL 32837	CHEZ CABADIA NE	idress:	
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Name and Title Address Name and Title Address	PRESIDENT 9867 S ORANGE BLOS ORLANDO, FL 32837	CHEZ CABADIA Na AG SSOM TRL # 109 Na AG Na Na	idress: une and Title: ddress:	

Name an	d Title:	Name and Title:	
Address		Address:	
			•
ARTICLE VI The name and f	REGISTERED AGENT (bytidia street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	ANDRES ELOY SANCHEZ CABADIA		
Address: 3	9867 S ORANGE BLOSSOM TRL # 109	_	
	ORLANDO, FL 32837	_	
<u>ARTYCLE VII</u>	NICORPORATOR		
The pame and	address of the incorporator is:		
Name:	ANDRES ELOY SANCHEZ CABADIA	-	·
Address:	9867 S ORANGE BLOSSOM TRL # 109	<u>)</u>	
	ORLANDO, FL 32837	-	
Effective date, (If an effective filing.)	if other than the date of filling: 09/28/2020 e date is listed, the date must be specific and eaon		ys prior or 90 days after the
Note: If the di	ate inserted in this block does not meet the applicables effective date on the Department of State's records	e statutory filing requires	ments, this date will not be listed as
Having been n certificate, 1 or	amed as registered agent to accept survice of process in familiar fielth and accept the appointment as registe	for the above stated corpored agent and agree to a	oration at the place designated in this et in this copacity
¥	da		0:1/28/2020
	Required Signature/Registered Agent		Detc
I submit this document to f	document and affirm that the facts stated herein as the Department of State constitutes a third degree felo	e true. I am aware that my as provided for in s.8	the fulse Exformation submitted in 6 17.155, F.S.
. /	d		19/28/2020
Required Sign	Must (neorporator	-	Date
	/		•
/	•		