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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : Vcorp SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
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FLORIDA PROFIT/NON PROFIT CORPORATION
Accredited IR, Inc

Certificate of Status	0
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Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be Accredited IR, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
7910 HARBOR ISLAND DRIVE SUITE 1106
Miami FL 33141

Mailing address, if different is:
7910 HARBOR ISLAND DRIVE SUITE 1106
Miami FL 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is INVESTOR RELATIONS/MARKETING

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title	Valerie Emanuel, President	Name and Title	
Address	7910 HARBOR ISLAND DR STE 1106	Address	
	Miami FL 33141		

Name and Title		Name and Title	
Address		Address	

Name and Title		Name and Title	
Address		Address	

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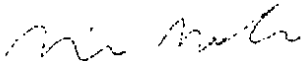
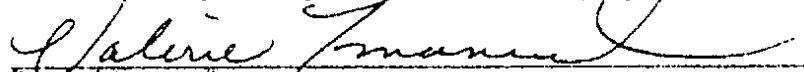
Name and Title: _____ Name and Title: _____

Address _____ Address _____

_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent isName: Vcorp Services, LLCAddress: 5011 South State Road 7, Suite 100Davie FL 33314**ARTICLE VII INCORPORATOR**The name and address of the incorporator isName: Valerie EmanuelAddress: 7910 HARBOR ISLAND DRIVE SUITE 1106Miami FL 33141**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (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 sized 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*_____
Required Signature/Registered Agent10-16-2020_____
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.*_____
Required Signature/Incorporator10/16/2020_____
Date