10/19/2020

Division of Corporations Electronic Filing Cover Sheet

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To:

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Division of Corporations

Fax Number : (850)617-6381

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 Please keep original filing date of

10/19/2020.

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION Piedra London, P.A.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

July 10/21/20

ARTICLES OF INCORPORATION

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

DTICLE II DDIX	SCIPAL OFFICE				
AKUCLEH PRI	RTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is:				
8851 NE 29th Aver	nue. Suite 726, Aventura FL 33180				
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ARTICLE IV SHA The number of shares	of stock is:	-			
The number of shares	of stock is: Class		Jay London, Offic le:	cer/Director	
The number of shares	of stock is: Class		le: ^{Jay London, Offic} 18851 NE 29th Aventura FL 3:	n Avenue,	
The number of shares ARTICLE V INFO	of stock is: FIAL OFFICERS ANDIOR DIRECTORS itle: Hector Picdra, Officer/Director 18851 NE 29th Avenue, Suite	_ Name and Tit	18851 NE 29th	n Avenue,	
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Name and Title:		Name and Title:						
Address		Address:						

	410.00							
	<u>REGISTERED AGENT</u> Florida str <u>eet address</u> (P.O. I	Box NOT acceptable) of the registered age	ent is:					
Name:	CT Corporation System							
Address:	1200 South Pine Island F	load	# P.					
	Plantation, FL 33324.							
			0 1					
ARTICLE VII INCORPORATOR			: R [
The name and	address of the Incorporator is:		₹. ≅					
Name:	Jay London and Hecto	r Piedra	• *: \subseteq					
Address:	18851 NE 29th Avenue, Suite 726, Aventura FL 33180							
, 122, 121,								
Effective date,		be specific and cannot be more than fi						
	te inserted in this block does effective date on the Departr		equirements, this date will not be listed as					
		ccept service of process for the above sta the appointment as registered agent and	nted corporation at the place designated in I agree to act in this capacity					
By:	Corporation System	Chamaren.	10/14/2020					
	Required Signatur	e/Registered Agent	Date					
I submit this d document to th	ocument and affirm that the e Department of Stale constit	facts stated herein are true. I am aware utes a third degree felony as provided for	e that the false information submitted in a in s.817.155, F.S.					
		·	10/14/2036					
Rec	quired Signature/Indeperator		Date					