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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone

: (305)675-5944 Fax Number

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

Enail	Address:		
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FLORIDA PROFIT/NON PROFIT CORPORATION PARK RIGHT CORP

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFIC	CE:		
The principal street address and mailing address is:				
	2111 SW 149 PASS			
	MIAMI			
,———	FLORIDA 33185	-		
RTICLE III	SHARES: The number of shares of stock	is: 100 @ 1:00 PER		
ARTICI	E IV INITIAL DIRECTORS AND/O	OR OFFICERS:		
PRESI	DENT LEONARDO HECTOR			
2111 S	W 149 PASS			
MIAMI, FLORIDA 33185				
		4		
		-		
		T -		
_	rida street address (PO Box not acceptable) EONARDO HECTOR	STREET ADDRESS: of the registered agent i		
	111 SW 149 PASS			
2				
2	MAMI EL ODIDA 22405			
2	MIAMI, FLORIDA 33185			
2 NARTICLE VI	MIAMI, FLORIDA 33185			

Required Signatures:

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

Registered Agent 10/21/2020.

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.

Leonards Hoctor 10/21/2020
Incorporator Date

2109 OCT 21 AM II: 2