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FLORIDA PROFIT/NON PROFIT CORPORATION **IMBISS INTERNATIONAL CORP**

Certificate of Status	0
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AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared CHRISTIAN A CASCARANO, who after being firstly duly sworn, under oath, deposes and says:

- 1. The undersigned is the Vice President of IMBISS INTERNATIONAL CORP, a Florida corporation to be filed with the Florida Department of State on or about 12/05/2018.
- 2. The undersigned hereby consents to and authorizes the use by **IMBISS INTERNATIONAL CORP** of the name **IMBISS INTERNATIONAL CORP**. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

CHRISTIAN A CA

STATE OF FLORIDA

COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, CHRISTIAN A CASCARANO, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 23 days of October, 2020.

DAIANA AMADOR
State of Florida - Notary Public
Commission # HH 37154
My Commission Expires Aug. 27, 2024

Votary Public Signature

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

ARTICLE I NAME	ion shall be: IMBISS	Lucassana	iai Ca	• 0	
The name of the corporat	ion shall be: 120 120	THIED HIS TIEN	AL CO.	<u></u>	
	Principal street address		Ma	iling address, if di	
	106 CT		5302 BORAL		
Doml, fl	53178		DORAC	<u>, FC 35(1</u>	
ARTICLE III PURPO The purpose for which t	DSE he corporation is organized is:	Any and A	دد لمس	ful busine	શ
ADDICE DE LOS COMOS	EC				
The number of shares of					•
7110 114411001 0 - 5 - 1144 0 - 5					
	AL OFFICERS AND/OR DIR			+	1
Name and Titl	e: Christian A Casis	arano/ VP Name	and Title:_		
Address	5302 NW 106 CT	Addr	css: _	5301 N.	U 106 CT
	Doral FL 33178		_	Doral, F	L 33148
			_		
Name and Title	D:	Name	e and Title:_		
Address		Addr	ress: _		
			_		
			_		
Name and Title	e:				
Address		Add:	ress: _		
			_		
			_		

Name and	Fillo: CARISTIAN COSCANINO.	Name and Title: CHECHAN	s Godano e
Address		Address:	
ARTICLE VI RI	EGISTERED AGENT 16ta street athiress (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Christian A Cascarano	_	
Address:	5302 NW 106 CT		
Address.	Doral FL 33178		
	Doral, PL 39146	_	
ARTICLE VII II	NCORPORATOR		7
			. '
The <u>name and add</u>	lress of the Incorporator is:		•
Name:	Christian A Cascuruno	_ _	
Address:	5302 NW 106 CT	_	<u>.</u>
	boral FL 331		•
ARTICLE VIII	EFFECTIVE DATE:		
Effective date if o	ther than the date of filing: te is listed, the date must be specific and can	(OPTIONAL)	or 90 days after the
(II an enective da	te is usted, the date mast be specific and came	and the mark than the same pro-	• • • • • • • • • • • • • • • • • • • •
Note: If the date if the document's eff	inserted in this block does not meet the applicab fective date on the Department of State's record	le statutory filing requirements, this s.	date will not be listed as
Having been name certificate, I am fa	ed as registered agent to accept service of process unillar with and accept the appointment as regist	s for the above stated corporation at t tered agent and agree to act in this c	the place designated in this apoetty
>		X	10/27/2020
<u> </u>	Required Signature/Registered Agent		Date
I submit this doct document to the D	ument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false it ony as provided for in 1817.155, F.S	nformation submitted in a
3 <u></u>			10/27 2020
Required Signatur	re/incorporator	Date	
· · · · · ·	•		•