Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

**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 LEOPARDO SUPPLIES 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 1 NAME: The name of the corporation is |
|------------------------------------------------|
|------------------------------------------------|

| Leo Pardo supplies Corp. |
|-----------------------------------------------------------------------------------------|
| |
| ARTICLE II PRINCIPAL OFFICE: |
| The principal street address and mailing address is: |
| 9595 Fordainebleau Blud. |
| #1702 Miami FL. 33172. |
| |
| ARTICLE III SHARES: The number of shares of stock is: C'O |
| The transfer of shares of stock is: |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER;S: |
| Leosvony Arias Pardo. (8) |
| |
| |
| |
| |
| |
| |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| <u>Leosvany</u> Arias Pardo |
| 9595 Fontainebleau Blvd |
| #1702 Miami F1 33172 |
| |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: |
| Leosvany Arias Pardo |
| 9595 Fontainebleau Blvd |
| #1702 miami F1 33172 |

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 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.

Incorporator Date

2021 No. -2 PHI2: 30