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(((H200003808863)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

lole@luxeknows.com Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

L. Prieto, P.A.

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

(((H20000380886 3)))

name of the corporation.			
	shall be: L. Prieto, P.A.		
TICLE II PRINCIP:	<u> 11. OFFICE</u>		
Prir	ncipal <u>street</u> address	1	Mailing address, if different is:
41 SW 24 Road			
liami, Florida 33129			
-			
<u>RTICLE III - PURPOSE</u>	Com	lost real actora carriage.	
e purpose for which the c	corporation is organized isConc		
	•		
			
TICLE V INUTIAL C	A PRICERS AND OF THEFT OF	· ·	
	DEFICERS AND/OR DIRECTOR	<u>8</u>	
Name and Title		<u>8</u>	
Name and Title	Maria L. Prieto, President	<u>S</u> Name and Title.	
	Maria L. Prieto, President 141 SW 24 Road	<u>8</u>	
Name and Title	Maria L. Prieto, President	<u>S</u> Name and Title.	
Name and Title	Maria L. Prieto, President 141 SW 24 Road	<u>S</u> Name and Title.	
Name and Title	Maria L. Prieto, President 141 SW 24 Road	<u>S</u> Name and Title.	
Name and Title Address	Maria L. Prieto, President 141 SW 24 Road Miami, Florida 33129	Name and Title. Address.	
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To: 18506176381 From: 12147128131 Date: 11/02/20 Time: 3:49 PM Page: 03/03 DocuSign Envelope ID: 8A77F92A-A29E-4597-B2A6-B4196E9AC448 (((H20000380886 3))) 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 is: Maria L. Prieto Name: 141 SW 24 Road Address: Miami, Florida 33129 ARTICLE VII INCORPORATOR The name and address of the Incorporator is. Maria L. Pricto Name: 141 SW 24 Road Address: Miami, Florida 33129 ARTICLE VIII EFFECTIVE DATE: ______ (OPTIONAL) Effective date, if other than the date of filing. (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 stated corporation at the place designated in this certificate, I am fumiliar with and accept the appointment as registered agent and agree to act in this capacity 10/27/2020 <u>Mana I. Prito</u> Required Signature/Registered Agent Date BCD119F1BE4146D . 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. DocuSigned by: 10/27/2020 <u>Maria l. Pricto</u>

-BCO!19F18E4146D .

Required Signature/Incorporator

Date