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Florida Department of State  
Division of Corporations  
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Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
VIZA HOSPITALITY SERVICES CORP

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

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

2020 NOV 10 PM 4:52

**ARTICLE I NAME:** The name of the corporation is:

VIZA HOSPITALITY SERVICES CORP

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

PRINCIPAL ADDRESS: 1033 SW 144 AVE, PEMBROKE PINES, FL 33027

MAILING ADDRESS: 2121 PONCE DE LEON BLVD, STE 1050, CORAL GABLES, FL 33134

**ARTICLE III SHARES:** The number of shares of stock is: 100 SHARES

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

DIANA LAURA VIEYRA LARA - P/S/D

1033 SW 144 AVENUE, PEMBROKE PINES, FL 33027

ANAHLA LEJANDRA VIEYRA ZAMUDIO - VP

1033 SW 144 AVENUE, PEMBROKE PINES, FL 33027

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

CONSULTING SERVICES OF SOUTH FLORIDA INC

2121 PONCE DE LEON BLVD, STE 1050, CORAL GABLES, FL 33134


**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

ANTONIO GARCIA

2121 PONCE DE LEON BLVD, STE 1050, CORAL GABLES, FL 33134

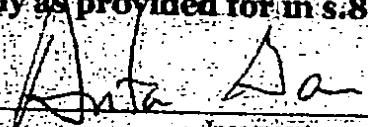
**Required Signatures:**

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

11/11/2020  
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

11/10/2020  
Date