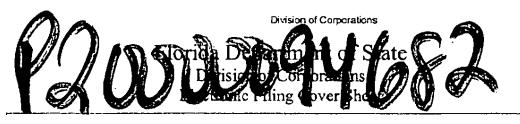
12/:0/2020



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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION ... BEST PLY SUPPLIES, CORP

DEC 1 1 2020

T. SCOTT

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Corporate Filing Menu

Help

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

CLE II PRI	NCIPAL OFFICE Principal street address		Mailing address, if different is:
ast 16 Street Hisla	ah FL 33310		
CLE III PUI urpose for whice	RPOSE th the corporation is organized is: ANY ANE	DALL LAWFL	IL BUSINESS
			
CLE IV SH	<u>1RES</u> 100		
	ARES Of stock is: 100		
CLE V INT	ARES Of stock is: 100 TIAL OFFICERS AND/OR DIRECTORS Title: MANUEL ARES, PRESIDENT	Name and Title	:
CLE V INT	TIAL OFFICERS AND/OR DIRECTORS Title: MANUEL ARES, PRESIDENT	Name and Title Address:	:
CLE V INT	TIAL OFFICERS AND/OR DIRECTORS Title: MANUEL ARES, PRESIDENT		:
Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: MANUEL ARES, PRESIDENT 1020 EAST 16 STREET	Address: 	
CLE V INT Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: MANUEL ARES, PRESIDENT 1020 EAST 16 STREET HIALEAH FL 33010	Address: Name and Title	
Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: MANUEL ARES, PRESIDENT 1020 EAST 16 STREET HIALEAH FL 33010	Address: Name and Title	
Name and T Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTORS Title: MANUEL ARES, PRESIDENT 1020 EAST 16 STREET HIALEAH FL 33010	Address: Name and Title Address:	2020 DEE 10

Name and	Title:	Name and Title:		
Address		Address:		
	EGISTERED AGENT			
The name and Flo	rida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	MANUEL ARES			
Address:	1020 EAST 16 STREET			
	HIALEAH, FL 33012			
ARTICLE VII I	NCORPORATOR			
The name and add	lress of the incorporator is:			
Name:	MANUEL ARES			
Address:	1020 EAST 16 STREET			
	HIALEAH, FL 33012			
ADTICLE VIII	EFFECTIVE DATE:			
Effective date, If o	ther than the date of filing:	. (OPTIONAL) t be more than five days prior or 90 days after the		
	nserted in this block does not meet the applicable fective date on the Department of State's records.	statutory filing requirements, this date will not be listed as		
Having been name certificate, I am fa	rd as registered agent to accept service of process fo miliar with and accept the appointment as registere	or the above stated corporation at the place designated in this ed agent and agree to act in this capacity		
.00	Required Signature/Registered Agent	12/09/2020		
`	Required Signature/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.				
	YWW	12/09/2020		
Required Signature	Mincomporator	Date *		