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To:			
	Division of Corporations		الحديد الحديد
	Fax Number	: (850)617-6381	نيا. من د
From:			
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	-, -
	Account Number		
	Phone	: (305)552-5973	51
	Fax Number	: (305)675-5944	<b>三</b>

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION **CLOUD FENIX INC**

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

级 1 2 2021

T. SCOTT

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

Cloud Fenix INC		
ARTICLE II PRINCIPAL OFFICE:	*·	<del></del>
The principal street address and mailing address is:		
16343 sw 95th Lane Miami Florida 33196		
	· <del></del> .	
ARTICLE III SHARES: The number of shares of stock is: 100		
ARTICLE IV INITIAL DIRECTORS AND/OR OFF		
Annuel Antonio Echeverria (P)	<u> </u>	1021 .l
	<del></del>	<u>-</u> . 팔
	<del> </del>	
		王
		9:0
		京市・
		<del></del> .
ARTICLE V INITIAL REGISTERED AGENT AND STREE	T ADDRES	<u>S:</u>
The name and Florida street address (PO Box not acceptable) of the re	gistered ager	ıt is:
Manue <u>l Antonio Echeverria</u>		<del>_</del>
6343 sw 95th Lane Miami Florida 33196	<del>,</del>	_
		<del>_</del>
ARTICLE VI INCORPORATOR: The name and address of the	e Incorporato	r is:
	•	
anue <u>l Antonio Echeverria</u>		

## 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

egistered 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

01/08/2021

Date-