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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WHOLE TAX PROFESSIONAL SERVICES, INC.

Account Number : I20200000179 : (786)253-9951 Fax Number : (305)397-1052

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

F	Address:			
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FLORIDA PROFIT/NON PROFIT CORPORATION MINT & MIND, INC

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To: 18506176381 •

ARTICLES OF INCORPORATION

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

ARTICLE	NAME			
The name of the	corporation shall be:	MINT & MIND, INC	2	
ARTICLE II	PRINCIPAL OFFICE	Ξ		
	Principal street addres	_	Mailing address.	if different is:
	350 EAST DR		350 EAST DR	
	NORTH MIAMI BEA	CH, EL 33162		I BEACH, FL 33162
ARTICLE III	PURPOSE			
The purpose for	which the corporation is	organized is:	ANY AND ALL LAWF	FUL BUSINESS
				
				. 12
ARTICLE IV The number of sl		n		-
THE BUBILIER OF SE	dates of stock is. This	U	·	
ARTICLE V	INITIAL OFFICERS	AND/OR DIRECTOR	<u>S</u>	
Name and Title:	GUILLERMO L LEON	¿ARRIETA, PRESIDI	NT	· .:
Address	350 EAST DR			
	NOTH MIAMI BEACI			
		1. 1. 1. 3. 3. 10. 2	· · · · · · · · · · · · · · · · · · ·	
		·		· · · · · · · · · · · · · · · · · · ·
Name and Title	HANSSEL J LEON HI	PRNANDEZ, VICE DE	ESIDENT	
Address	350 EAST DR	SKIVANDED VICE I	L.31121.71	·
riodic 13	NORTH MIAMI BEA			
	NORTH MAM DOA	CH. PL 33102		
				<u> </u>
Name and Title:			Ioman and Tistan	
			ame and Title:	
Address		^	ddress:	

HZ10000	13086.		
Name and Title:		Name and Title:	
Address		Address:	
		 -	
ARTICLE VI	REGISTERED AGENT		
ine name and j	Florida street address (P.O. Box NOT acc	eptable) of the registered	agent is:
Name:	WHOLE TAX PROFESSIONAL SERV	ICES INC	
Address:	1800 SW 1ST ST SUITE 202, MIAMI F	_	
			
ARTICLE VII	INCORDODATAN		
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	GUILLERMO L LEON ARRIETA		
Address;	350 FAST DR		ζ
	NORTH MIAMI BEACH, FL 33162		
ADTICLE VIII	EFFECTIVE DATE:		
	other than the date of filing:		: (OPTIONAL)
	ate is listed, the date must be specific and o	cannot be more than five	days prior or 90 days after the
Note: If the date i the document's eff	aserted in this block does not meet the applicab ective date on the Department of State's records	le statutory filing requireme s.	nts, this date will not be listed as
Having been name certificate, I am fa	ed as registered agent to accept service of proc miliar with and accept the appointment as reg	ess for the above stated cor ristered agent and agree to d	poration at the place designated in the
	PASSED.		01/11 /2021
	Required Signature/Registered Agent		Date
	1 .		
I submit this document to the D	ment and affirm that the facts stated herein ar	e true. I am aware that the	false information submitted in a
	epartment of State constitutes a third degree for	eiony us provided for in s.8.	17.155, F.S.
6	allemo) cas		01/11/2 -21
	Required Signature/Incorporator		01/11/2021 Date