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10.	Division of (Cornorations				
		: (850)617-6	381			
	TOR HOME	. (050)02. 0	304			
From:						
	Account Name	: LAZARUS CO	RPORATE FIL	ING SERVICE	, INC.	
		er : I2000 00 000			•	
	Phone	: (305)552-5				
	Fax Number	: :			511	
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\$78.75

Estimated Charge



ARTICLE 1 NAME: The name of the corporation is:	
	7
Impossevents Miami INC	<u>-</u>
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
-20200 NW 42AVE	
Miami Fl 33055	
ARTICLE III SHARES: The number of shares of stock is:	
	_
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER 5:	
Joge L Garcia (VP)	
Adrian DIAZ JR (P)	
JIOT MAY DIAZ DR (1)	-
	-
	_
	_
	-
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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS	<u>.</u> :
The name and Florida street address (PO Box not acceptable) of the registered agent	ri ie
A 1	
Arjan DAZ JA	
400 NE 137th St Apt 202	
North miami FL 33161	
	:
ARTICLE VI INCORPORATOR: The name and address of the Incorporator	15:
Adrian Diaz JA	_
400 NE 1375+ Apt 202	
Nacth miami Fl. 22161	_

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 familia: with and accept the appointment as registered agent and agree to act in this capacity

XAM DAZ

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.

X Adrian DIAZ 01-21-21

Incorporator Date

2021 Juli 21 PH 3: 59