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From: Yanet Avila

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (859)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146

Phone : (305)444-4994 Fax Number : (305)444-4977

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

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FLORIDA PROFIT/NON PROFIT CORPORATION LUKEZ MARKETING CORPORATION

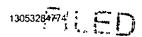
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2021-02-03 20.46:00 GMT



From: Yanet Avila

2021 FEB -3 AH 10: 40

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (BOTIORETARY OF STATE TALLAHASSEE E)

he name of the corporation shall be: LUKEZ MARKETING	
RTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
1023 NW 134 PL	
MIAMI, FL 33182	
RTICLE III PURPOSE	
he purpose for which the corporation is organized is: ANY	AND ALL LAWFUL BUSINESS
he number of shares of stock is: 100	
RTICLE V INITIAL OFFICERS AND/OR DIRECTOR	<u>17</u>
- 	Name and Title:
- 	Name and Title:
Name and Title: ONIX LUQUEZ DE CASTRO (P)	Name and Title:
Name and Title: ONIX LUQUEZ DE CASTRO (P) Address 1023 NW 134 PL MIAMI, FL 33182	Name and Title:Address:
Name and Title: ONIX LUOUEZ DE CASTRO (P) Address 1023 NW 134 PL	Name and Title:Address:
Name and Title: ONIX LUQUEZ DE CASTRO (P) Address 1023 NW 134 PL MIAMI, FL 33182	Name and Title:Address:
Name and Title: ONIX LUQUEZ DE CASTRO (P) Address 1023 NW 134 PL MIAMI, FL 33182	Name and Title: Address: Name and Title:
Name and Title: ONIX LUOUEZ DE CASTRO (P) Address 1023 NW 134 PL MIAMI, FL 33182 Name and Title: JOSE CASTRO (VP)	Name and Title: Address: Name and Title:
Name and Title: ONIX LUOUEZ DE CASTRO (P) Address 1023 NW 134 PL MIAMI, FL 33182 Name and Title: JOSE CASTRO (VP) Address 1023 NW 134 PL	Name and Title: Address: Name and Title:
Name and Title: ONIX LUOUEZ DE CASTRO (P) Address 1023 NW 134 PL MIAMI, FL 33182 Name and Title: JOSE CASTRO (VP) Address 1023 NW 134 PL	Name and Title: Address: Name and Title:
Name and Title: ONIX LUGUEZ DE CASTRO (P) Address 1023 NW 134 PL MIAMI, FL 33182 Name and Title: JOSE CASTRO (VP) Address 1023 NW 134 PL MIAMI, FL 33182	Name and Title: Address: Name and Title: Address:
Name and Title: ONIX LUGUEZ DE CASTRO (P) Address 1023 NW 134 PL MIAMI, FL 33182 Name and Title: JOSE CASTRO (VP) Address 1023 NW 134 PL MIAMI, FL 33182 Name and Title:	Name and Title: Address: Name and Title: Address: Name and Title:
Name and Title: ONIX LUQUEZ DE CASTRO (P) Address 1023 NW 134 PL MIAMI, FL 33182 Name and Title: JOSE CASTRO (VP) Address 1023 NW 134 PL MIAMI, FL 33182 Name and Title:	Name and Title: Address: Name and Title: Address: Name and Title: Address:

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. Name an	nd Title:	Name and Title:	•
			-
Address	S	Address:	-
		-	-
			-
ARTICLE VI	REGISTERED AGENT Forida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Namet	ONIX LUQUEZ DE CASTRO	_	
Address:	1023 NW 134 PL		22:
	MIAMI, Fl. 33182	- 1 60	721
ARTICLE VII	<u>INCORPORATOR</u>	TAHASSEE	EB -3
The name and a	ddress of the Incorparator is:	\$\$\$ \$\$\$	EK.
Name:	ONIX LUQUEZ DE CASTRO		<u> </u>
Address:	1023 NW 134 PL	_ PA	01 D
	MIAMI, FL 33182	 	
ARTICI FAIII	_EFFECTIVE DATE:		
		(OPTIONAL)	
		not be more than five days prior or 90 days after the	
	inserted in this block does not meet the applicable iffective date on the Department of State's records	le statutory filing requirements, this date will not be listed a.s.	5
Having been wan certificate, I am J	ned as registered agent to accept service of process familiar with and accept the appointment as regist	for the above stated corporation at the place designated in the ered agent and agree to act in this capacity	nis
olP .			
One was a stellar and the	Required Signature/Registered Agent	Date	
I submit this doc	nument and affirm that the facts stated herein ar	e true. I am aware that the false information submitted in	и
	Department of State constitutes a third degree felo		
619			
Required Signatu	rest. Ire/Incorporator	Date	