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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : IMPROVED REVENUE SERVICE INC

Account Number : I20190000119 Phone : (786)552-2905 fax Number : (786)733-1744

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FLORIDA PROFIT/NON PROFIT CORPORATION ECOMGODZ CORP

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ARTICLES OF INCORPORATION

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

ARTICLE I	NAME corporation shall be: ECOMGO	OZ CORP	
		DE OOM	
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing address,	if different ic
3411 W 11Th		SAME AS PRINCIPAL	
	33012		
ADTICLE III	BURRACE		
ARTICLE III The purpose fo	or which the corporation is organized is: ANY AN	ID ALL LAWFUL BUSINES	S
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		·	
v			30 - 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
ARTICLE IV	SHARES	/ALLIC	
the number of	shares of stock is: 100 SHARES AT \$1.00 PAR	ALUE	
ADTRACT EL	INITIAL ACCIOCAC AND OR DIRECTORS		
	INITIAL OFFICERS AND/OR DIRECTORS		
Name	and Title: HOARI TRUJILLO JR /PRESIDENT	Name and Title:	
Addre	ess 3411 W 11TH AVE	Address:	
	HIALEAH, FL 33012		
	11ALEA1, 1 2 33012		
	<u> </u>		
			21
Name :	and Title:	Name and Title:	2021
			111
Addre		Address:	1
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	1.773	NI (MP.)	57
Name	and Title:	Name and Title:	
Addre	ess	Address:	
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			<u></u>

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Name and Title:		Name and Title:
Address		Address:
	<u> </u>	
ARTICLE VI	REGISTERED AGENT	
	Florida street address (P.O. Box NOT accept	able) of the registered agent is:
Name:	HOARI TRUJILLO JR	
Address: 3411 W 11TH AVE		P-100-0-0-0-0
	HIALEAH, FL 33012	ttempte (150 d
<u>ARTICLE VII</u>	INCORPORATOR	2001 f ≥
The name and	address of the Incorporator is:	tz,
Name:	HOARI TRUJILLO JR	CC)
Address:	3411 W 11TH AVE	
	HIALEAH, FL 33012	. 연
Effective date,	I EFFECTIVE DATE: if other than the date of filing: e date is listed, the date must be specific and	. (OPTIONAL) cannot be more than five days prior or 90 days after the
	ate inserted in this block does not meet the app is effective date on the Department of State's re	licable statutory filing requirements, this date will not be listed as cords.
		ocess for the above stated corporation at the place designated in this registered agent and agree to act in this capacity
	STROR	02/08/2021
-	Required Signature/Registered Age	nt Date
	ocument and affirm that the facts stated here e Department of State constitutes a third degre	in are true. I am aware that the false information submitted in a efelony as provided for in s.817.155, F.S.
HTR	le	02/08/2021
Required Signa	ature/incorporator	Date