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FLORIDA PROFIT/NON PROFIT CORPORATION
APEX ONE VENTURES INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: APEX ONE VENTURES INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3797 NW 79TH AVE # 307CORAL SPRINGS, FL 33065**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: THE PURPOSE OF THE CORPORATION IS TO CONDUCT ANY LAWFULL BUSINESS IN THE STATE OF FLORIDA.**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MATTHEW HARBINSON (PRES/SEC)

Name and Title: _____

Address 3797 NW 79TH AVE # 307

Address: _____

CORAL SPRINGS, FL 33065Name and Title: BARBARA CATARIN DINIZ FERREIRA (VP)

Name and Title: _____

Address 3797 NW 79TH AVE # 307

Address: _____

CORAL SPRINGS, FL 33065

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: EDWARD JORDAN
Address: 255 ALHAMBRA CIRCLE SUITE 500
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: MATTHEW HARBINSON
Address: 3797 NW 79TH AVE # 307
CORAL SPRINGS, FL 33065

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature/Registered Agent
Date 2/4/2021

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.

Required Signature/Incorporator
Date 2/4/2021