

**P21000022304**

Florida Department of State  
Division of Corporations  
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\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARIANA DO NASCIMENTO  
Address: 4413 S KIRKMAN ROAD APT F207  
ORLANDO, FL 32811

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIANA DO NASCIMENTO  
Address: 4413 S KIRKMAN ROAD APT F207  
ORLANDO, FL 32811

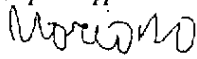
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Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

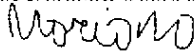
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

 3/11/2021  
Required Signature/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.817.135, F.S.*

 3/11/2021  
Required Signature/Incorporator Date