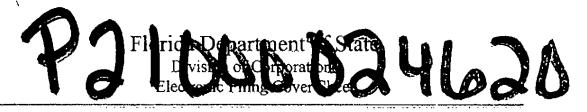
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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|                |   | ~                                       |
|----------------|---|---|
|                |   |   |
| To:            |   |   |
| Division o     | of Corporations   |   |
| Fax Number     | : (850)617-6381   |   |
|                |   | S                                       |
| From:          |   |   |
| Account Na     | me : LAZARUS CORPORATE FILING SERVICE, INC.   |   |
| Account Nu     | mber : 120000000019   | മ                                       |
| Phone          | : (305)552-5973   | • |
| Fax Number     |   | $\omega$                                |
|                | ddress for this business entity to be used for fumailings. Enter only one email address please.** |   |
| Email Address: |   | · ====================================  |
|                |   |   |
|                |   |   |

## FLORIDA PROFIT/NON PROFIT CORPORATION MAIANA ENTERPRISES INC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

| ARTICLE | NAME: | The name of | the corporation is: |
|---------|-------|-------------|---------------------|
| ARTICLE | NAMR. | The name of | the corporation is: |

| MAIANA ENTERPRISES INC   |
|--|
| ARTICLE II PRINCIPAL OFFICE:   |
| The principal street address and mailing address is:   |
| 8724 SW 72 nd st # 194   |
| Minni FL 33173   |
|  |
| ARTICLE III SHARES: The number of shares of stock is:  |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE IS:   |
| PRESIDENT ANDREW M. BARTALL  |
| V.Pro. ALEXIA M BARTAK   |
| DIREC ANDREW H. BARTAK   |
| BIREC. JUSTYN J BARTAK   |
| T. MARIANA VALLES BARRTAK  |
|  |
| TO THE DESIGNATION ACENT AND STREET ADDRESS.   |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:  The name and Florida street address (PO Box not acceptable) of the regist: red agent is: |
| 8724 Sw 72hd st # 194  |
| MIANI FL 33173   |
| ANDREW BARTAL  |
|  |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:  |
| ANDROW M. BARTAK   |
| 8724 SW 72 MM St # 194   |
| <u> MIANI FL 33173</u>   |

## 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 familiar with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent

3-18-2021

I submit this document and affirm that the facts stated herein are time. 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.

Incompositor

Date

4921 may 19 177 6:30