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 of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (917)243-5843

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

Email Address:_____

FLORIDA PROFIT/NON PROFIT CORPORATION

Independent Chemist Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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

TICLE II PRINC	IPAL OFFICE Principal street address	Mailing add	Mailing address, if different is:		
	Principal <u>street</u> address Apt. 1	Minmi Beach, FL, 33141			
	DSE he corneration is arganized is: (3M)	Miami Beach, FL, 33141 MSULTING / HOSPITALITY			
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he number of shares o	f stock is:				
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he number of shares o (RTICLE V INIT) Name and Tit	f stock is:	Name and Title: Address:			
he number of shares o (RTICLE V INIT) Name and Tit	f stock is:	Name and Title: Address:			
he number of shares of shares of shares of shares of share and Tit Address	AL OFFICERS AND/OR DIRECTORS le: Vincenzo Cangemi - Director 117 S Shore Drive, Apt.1 Miami Beach, FL, 33141	Name and Title: Address:			
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Name and	Title:	Name and Title:	
Address			
			
ARTICLE VI	REGISTERED AGENT orlda street address (P.O. Box NOT acceptable	e) of the registered agent is:	
	Vincenzo Cangemi	28.	
Address:	117 S Shore Drive, Apt.1	2021 APR - 7 AM 9: 28	٠٠.
	Miami Beach, FL, 33141		<u> </u>
		S	, ,
ARTICLE VII	INCORPORATOR	E P	•
	ddress of the Incorporator is:	9: 2	,
	Vincenzo Cangemi	<u> </u>	
Name: Address:	117 S Shore Drive, Apt.1		
Aug. 655.	Miami Beach, FL, 33141		
ARTICLE VIII	f other than the date of filing:	(OPTIONAL)	
(If an effective filing.)	date is listed, the date must be specific and o	cannot be more than five days prior or 90 days after the	;
Blades If the do	to incorrect in this block does not meet the appli	licable statutory filing requirements, this date will not be lis	ted as
the document's	effective date on the Department of State's rec	cords.	
Marie Langua	and as proviseered avent to accept service of pro	ocess for the above stated corporation at the place designated registered agent and agree to act in this capacity	d in this
certificate, I an	a familiar with and accept the appointment as re	agrand agrand	
	hunden	03/04/2021	
	Required Signature/Registered Ages	Date	wad lee a
I submit this q	becument and affirm that the facts stated here to Department of State constitutes a third degree	ein are true. I am aware that the false information submit te felony as provided for in s.817.155, F.S.	ieu in u
document to the	te preparation of Sign Constitution of the	03/04/2021	
Required Sign	ature/Incorporator	Date	
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