Division of Corporations

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Division of Corporations

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From:

Account Name : ALEX PINA CO. Account Number : I20190000095

Phone : (305)803-8471

: (305)602-3977 Fax Number

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client@alexpina.co Email Address:\_

FLORIDA PROFIT/NON PROFIT CORPORATION

**3GW Consulting Company Corporation** 

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

ARTICLE I NAME  The name of the corporation	shall be:	g Company Corporation	
ARTICLE II PRINCIP. Pri 8400 NW 36th St Ste 450	41. OFFICE ncipal <u>street</u> address	Mailing address.	
	corporation is organized is:	And All Lawful Purpose	
ARTICLE IV SHARES The number of shares of store	ck is:		رم. 
	OFFICERS AND/OR DIRECTOR oredana Amato - Director	S Name and Title:	2021 HAY - 6
Address 84	400 NW 36th St Ste 450	Address:	6 PM P: 0
<del></del>	oral, FL 33166		.;; <del></del>
Name and Title: Address		Name and Title:  Address:	
Name and Title:		Name and Title:	
Address		Address:	

76381		Page: 4 of 4	2021-05-06 16:15.07 GMT		13056023977	From: Ale
	Name and T	itle:	Nan	and Title	·	<del></del>
	Address		Add	ess:		
			•			
The <u>n</u>	ame and Flori	GISTERED AGENT  da street address (P.O. B  Alex Pina Co.	ox NOT acceptable) of the re	istered age	ent is:	
	ame and Flori e:	da street address (P.O. B	ox NOT acceptable) of the re	istered age	ent is:	
The <u>n</u> Name	ame and Flori e:	da street address (P.O. B Alex Pina Co.	ox NOT acceptable) of the re	istered age	ent is:	
The <u>n</u> Nanx Addu	e: css:	da street address (P.Ö. B Alex Pina Co. 8400 NW 36th St Ste 450	ox NOT acceptable) of the re	istered age	ent is:	
The <u>n.</u> Nanx Addu	e: ess:  CLE VII IN	da street address (P.O. B. Alex Pina Co. 8400 NW 36th St Ste 450 Doral, FL 33166	ox NOT acceptable) of the re	istered age	ent is:	
The <u>na</u> Name Addic ARTI The <u>na</u>	e: ess:  CLE VII IN	da street address (P.O. B. Alex Pina Co.  8400 NW 36th St Ste 450  Doral, FL 33166  CORPORATOR	ox NOT acceptable) of the re	istered age	ent is:	

-	Doral, FL 33166	<del>-</del>			
ARTICLE VIL IN	NCORPORATOR				
The name and add	ress of the Incorporator is:				
Name:	Loredana Amato	_			
Address:	8400 NW 36th St Ste 450	_			
	Doral, FL 33166	_			
ARTICLE VIII - F	EFFECTIVE DATE: her than the date of filing: te is listed, the date must be specific and cannot		·	202	
Effective date, if ot	her than the date of filing:	(OPTIONAL)	مؤ	<u> </u>	£ T
(If an effective dat filing.)	e is listed, the date must be specific and canno	ot be more than five days prior o	r 90 days af	ter-the	•-
ming.)			=	9-	į
Note: If the date in	serted in this block does not meet the applicable	statutory filing requirements, this	date will not	be listed:	5
the document's effe	ective date on the Department of State's records.	, , ,	:	25 <del>1</del> 4	1
Having been namea certificate, I am fan	l as registered agent to accept service of process f tiliar with and accept the appointment as register	or the above stated corporation at t. red agent and agree to act in this ca	he place design		his
	SP	, c	05/05/2	:021	
	Required Signature/Registered Agent		Date		-
I submit this docum	nent and affirm that the facts stated herein are	true. I am aware that the false in	iformation si	abmitted it	1 44
document to the De <sub>l</sub>	partment of State constitutes a third degree felon	y as provided for in s.817.155, F.S.	,		
	A-		05/05/20	021	
Required Signature	Incorporator	Date -			-