

**P2100048397**

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ODY RBT LOVE INC**

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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: ODY RBT LOVE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

13360 SW 17 LN APT 4AMIAMI, FL 33175**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ADALYS CUZA (P)

Name and Title: \_\_\_\_\_

Address 13360 SW 17 LN APT 4A

Address: \_\_\_\_\_

MIAMI, FL 33175

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: ADALYS CUZAAddress: 13360 SW 17 LN APT 4AMIAMI, FL 33175ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: ADALYS CUZAAddress: 13360 SW 17 LN APT 4AMIAMI, FL 33175ARTICLE 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*/s/ Adalys Cuza \_\_\_\_\_  
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.817.155, F.S.*/s/ Adalys Cuza \_\_\_\_\_  
Required Signature/Incorporator Date