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(((H21000203222 3)))

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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

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\*\*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 LA INCONTRASTABLE CORP

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

## **ARTICLE I** NAME: The name of the corporation is:

| La Incontrastable Corp  |
|---|
| ARTICLE II PRINCIPAL OFFICE:  |
| The principal street address and mailing address is:                                    |
| 300 Bayview Drive Apt, 1206   |
| Sunny Isles Beach, FL 33160   |
|   |
| ARTICLE III SHARES: The number of shares of stock is: 100 Shares                        |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:   |
| David Julio Jimenez - PSD   |
| 300 Bayview Drive Apt. 1206   |
| Sunny Isles Beach, FL 33160   |
|   |
|   |
|   |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:                                  |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| Consulting Services of South Florida Inc  |
| 2121 Ponce de Leon Blvd., Suite 1050  |
| Coral Gables, FL 33134  |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:                   |
| Antonio Garcia  |
| 2121 Ponce de Leon Blvd., Suite 1050  |
| Coral Gables, FL 33134  |

## Required Signatures:

| corporation at the | ned as registered agent to accept ser<br>ne place designated in this certificat<br>nument as registered agent and agr | e, I am familiar with and accept<br>ee to act in this capacity                 | ited<br>the |
|--------------------|---|--|-------------|
| <del></del>        | Registered Agent  | 05-20-2021<br>Date   |             |
| the false informat | ment and affirm that the facts state ion submitted in a document to the y as provided for in s.817.155, F.S.          | d herein are true. I am aware th<br>Department of State constitutes 05-20-2021 | at<br>; a   |