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To: 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 : (305)675-5944

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Email Address:_

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FLORIDA PROFIT/NON PROFIT CORPORATION					
WD MIAMI TRAVEL CORPORATION					
Certificate of Status	0				
Certified Copy	1				

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

WD MIAMI TRAVEL CORPORATION

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

600 NW 5th STREET

FLORIDA CITY, FL 33034

ARTICLE III SHARES: The number of shares of stock is: ______

ARTICLE IV INITIAL I	DIRECTORS AND/OR OFFICERS:	SECRE	21 JU
KEVIN D NOLE OWEN	PRESIDENT	AR)	2
		1	РH
KARINA SAAVEDRA	VICE PRESIDENT	;	6: [
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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

KEVIN D NOLE OWEN

600 NW 5th STREET

FLORIDA CITY, FL 33034

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: KEVIN D NOLE OWEN

600 NW 5th STREET

FLORIDA CITY, FL 33034

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

06/11/2021 Registered Agent

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 the s.817/155, F.S.

______ 06 (11/2021 Incorporator

SECRETARY	21 JUN 11	
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