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FLORIDA PROFIT/NON PROFIT CORPORATION "GABRIEL HERNANDEZ SERVICES CORP"

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EUR 1 8 2021

T. SCOTT

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Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAM. The name of the corpor	E "GRABIEL HERNANEZ ation shall be:	Z SERVICES CORP"			
ARTICLE II PRIN	CIPAL OFFICE				
6270 WEST FLAGER	Principal street address		Mailing addres	s, if different is:	
APT C14	(3)	SAME			
MIAMI, FL 33144					
	the corporation is organized .s:	ENERAL NATURE			
AND PURPOSED TO	BE TRANSACTED AND CARRIED	ON BY THIS CORP	DRATION AFE	TO DO ANY ANI	
ALL OF THE THIN	GS HEREIN MENTIONED, AS FULL	Y AND TO THE SAN	ME EXTENT A	S NATURAL PER	SONS
MIGHT DO:					
1) TRANSACT ANY	AND ALL LAWFUL BUSINESS				
2) SAID CORPORAT	ION SHALL FURTHER HAVE POWE	ERS			
	AL SUCCESSION BY IT'S CORPORA		El UEDNIANO	7 (50) (60)	
ARTICLE V INITI. Name and Titl Address	AL OFFICERS AND/OR DIRECTORS GRABIEL HERNANDEZ 6270 WEST FLAGER ST	Name and Title	::		
	APT C14	Address:			
	MIAMI, FL 33144			2121	
Name and Title	<u> </u>	Name and Title	: _	1 5	
Address				JUN 17	<u></u> .
					<u> </u>
				REST	1-
Name and Title		Name and Title	: _	 -	
Address		Address:	 -		
				<u> </u>	

		·
Name and Title:Address		Name and Title
•		
ARTICLE VI	REGISTERED AGENT	
inc <u>name and</u>	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	GRABIEL HERNANDEZ	
Address:	6270 WEST FLAGER ST APT C14	
	MIAMI, FL 33144	
	Address of the Incorporator is:	
Name:	GRABIEL HERNANDEZ	_
Address:	6270 WEST FLAGER ST APT C14	
	MIAMI, FL 33144	_
Effective date, (If an effective filling.) Note: If the dathe document's Having been n	ate inserted in this block does not meet the applicable effective date on the Department of State's records amed as registered agent to accept service of process.	e statutory filing requirements, this date will not be listed as
inis certificale,	I am familiar with and accept the appointment as re	egistered agent and agree to act in this capacity
	Required Signature/Registered Agent	06/17/2021
	rsequired Siphanité/Registered Agent	D-+-

I submit this document and affirm that the facts stated herein are true. I am aware that the fals: information submitted in a

06/17/2021

Date

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator