Forida Department of State Divinin of Corporations Bioetronic uning Coversheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000260601 3)))



H210002606013ABCS

| To: | Division of Corporations Fax Number : (850)617-6381 Account Name : LAZARUS CORPORA | TE FILING SERV | ICE, YNG | HACEN P | L-6 AM 9:47 |
|-----|---|------------------------------------|----------|-------------------|--|
| | Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 | | | तीर | 7 |
| an | the email address for this busines nual report mailings. Enter only o mail Address: | ss entity to be ne emaîl addres | used fo | or future e.** | 20 |
| an | inual report mailings. Enter only o | one email addres | ss pleas | e.** | 201 - 6 |
| an | FLORIDA PROFIT/NON PRO | one email addres | ss pleas | e.** | ************************************** |
| an | FLORIDA PROFIT/NON PRO | FIT CORPO | ss pleas | e.** | ************************************** |
| an | FLORIDA PROFIT/NON PRO "GRUPO HPF C | FIT CORPO | RATIO | e.** | ************************************** |

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

| The name of the corpora | tion shall be: "GRUPO HPF CORP." | | |
|---|----------------------------------|-----------------------------|-----------------------|
| ARTICLE II PRING | Principal street address | Mailing addr SAME | ess, if different is: |
| APT 214 | | | |
| MIAMI, FL 33172 | | | |
| | he corporation is organized is: | ENERAL NATURE OF THE BUS | |
| AND PURPOSED TO | BE TRANSACTED AND CARRIED (| ON BY THIS CORPORATION AF | E TO DO ANY AND |
| ALL OF THE THING | S HEREIN MENTIONED, AS FULLY | AND TO THE SAME EXTENT. | AS NATURAL PERSONS |
| MIGHT DO: | | | |
| I) TRANSACT ANY A | AND ALL LAWFUL BUSINESS | | |
| 2) SAID CORPORATI | ON SHALL FURTHER HAVE POWE | RS | |
| TO HAVE PERPETUA | L SUCCESSION BY IT'S CORPORA | TE NAME "GRUPO HPP CORP." | 288 |
| ARTICLE IV SHARE The number of shares of ARTICLE V INITIA Name and Title Address | L OFFICERS AND/OR DIRECTORS | Name and Title: DP Address: | -6 AM 9: LT |
| Name and Title: Address | | Name and Title:Address: | |
| Name and Title: Address | | > 11 | |

| Name a | nd Title: | Name and Title: |
|--------------------|--|---|
| Addres | | Address: |
| · | | |
| | | |
| | <u>REGISTERED AGENT</u> Flo <u>rida street address</u> (P.O. Box NOT acceptable | e) of the registered agent is: |
| Name: | JACQUELINE D PEREZ | |
| Address: | 10229 NW 9TH ST CIR APT 214 | <i>6</i> -3* |
| ridd.co. | MIAMI, FL 33172 | |
| <u>ARTICLE VII</u> | INCORPORATOR | TALLAHANDES, FL |
| The name and | address of the Incorporator is: | |
| Name: | JAYNEL HUNGRIA PEREZ | ्र ज |
| Address: | 10229 NW 9TH ST CIR APT 214 | 4.7 |
| | MIAMI, FL33172 | |
| Effective date, | EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and ca | . (OPTIONAL) anot be more than five days prior or 90 days after the |
| Note: If the da | nte inserted in this block does not meet the applica effective date on the Department of State's recor | ble statutory filing requirements, this date will not be listed as ds. |
| | | cess for the above stated corporation at the place designated a registered agent and agree to act in this capacity |
| // | and the same of th | 07/02/2021 |
| | Required Signature/Registered Agent | Date |
| | ocument and affirm that the facts stated herein e Department of State constitutes a third degree f | are true. I am aware that the false information submitted in clony as provided for in s.817.155, F.S. |
| (<u>;</u> | mudilide | 07/02/2021 |
| Red | introd bignature/Incorporator | Date |