

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.

(((H210002847473)))

| | H210002847473ABC2 SEC | 7071 JUL 26 | |
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| ote: DO NOT hit the REFRESH/RELOAD button on your browser from page. Doing so will generate another cover sheet. | | | |
| | | A | |
| To: | Division of Corporations Fax Number : (850)617-6381 | 6: 30 | |
| From: | ;**; | | |
| | Account Number: 075350000353 Phone: (800)221-2972 Fax Number: (917)243-5843 | | |
| nnual repo | Phone : (800)221-2972 Fax Number : (917)243-5843 l address for this business entity to be used for futurent mailings. Enter only one email address please.** | :e | |
| nnual repo | Phone : (800)221-2972 Fax Number : (917)243-5843 l address for this business entity to be used for futurent mailings. Enter only one email address please.** | | |
| nnual repo | Phone : (800)221-2972 Fax Number : (917)243-5843 l address for this business entity to be used for futurent mailings. Enter only one email address please.** | 1011 | |
| nnual repo | Phone : (800)221-2972 Fax Number : (917)243-5843 l address for this business entity to be used for future ort mailings. Enter only one email address please.** ess: | q | |
| nnual repo | Phone : (800)221-2972 Fax Number : (917)243-5843 l address for this business entity to be used for future ort mailings. Enter only one email address please.** RIDA PROFIT/NON PROFIT CORPORATION | 19 d. 71703 | |
| nnual repo | Phone : (800)221-2972 Fax Number : (917)243-5843 l address for this business entity to be used for future ort mailings. Enter only one email address please.** RIDA PROFIT/NON PROFIT CORPORATION THA & ZE CORP | 19 d. 71703 | |
| nnual repo | Phone : (800)221-2972 Fax Number : (917)243-5843 l address for this business entity to be used for future ort mailings. Enter only one email address please.** PROPRIET/NON PROFIT CORPORATION THA & ZE CORP Certificate of Status 0 | q | |

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

| ARTICLE I NAME | THA & ZE CORP | | ₹ •• |
|---|--|--|---------------------------------------|
| The name of the corporat | ion shall be: | | |
| ARTICLE II PRINC | | | |
| Principal street address 16691 SW 43RD TERRACE RD | | Mailing address, if different is: 16691 SW 43RD TERRACE RD | |
| OCALA, FL 34473 | | OCALA, FL 34473 | |
| | | | |
| | | | |
| ARTICLE III PURPO The purpose for which the | SE to engage ne corporation is organized is: | in any lawful act or activity for | |
| which corporations may | be organized. | | |
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| | | | 20 |
| ARTIÇLE IV SHARI | | | ECCE |
| The number of shares of | 起 200 stock is: | <u> </u> | JUL JUL |
| | | | 2021 JUL 26 SEGRETAR TALLAHA |
| ARTICLE V INITIA | L OFFICERS AND/OR DIRECTORS | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| Name and Title | OSCAR QUINTANILLA-Director | Name and Title: | SEE AH |
| Address | 16691 SW 43RD TERRACE RD | | 715 |
| | | Address: | |
| | OCALA, FL 34473 | | |
| | | | |
| | | _ | |
| None and Tister | | Name and Title. | |
| Name and Title: | | ivame and Title: | |
| Address | | Address: | |
| | | | |
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| | | _ | |
| | | | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
| Vinnie22 | | | |
| | | _ | |
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| | | | |

| Name: | and Title: | Name and Title: | |
|----------------------|--|---|---|
| Addre | ess | Address: | |
| | | | |
| | | | - |
| | | | |
| | REGISTERED AGENT | | |
| The name and | Florida street address (P.O. Box NOT acceptab | le) of the registered agent is: | |
| Name: | OSCAR QUINTANILLA | | 61 |
| Address: | 16691 SW 43RD TERRACE RD | | 1021 SEC |
| | OCALA, FL 34473 | | FIL 2021 JUL 2 SECRETAL TALLAH |
| <u>ARTICLE VII</u> | <u>INCORPORATOR</u> | | 26 M |
| The name and | adduses of the Incompeter in | | |
| the <u>mante and</u> | address of the Incorporator is: OSCAR QUINTANILLA | | 6: 30 5 ME |
| Name: | OSCAR QUITTAINELA | | |
| Address: | 16691 SW 43RD TERRACE RD | | |
| | OCALA, FL 34473 | <u></u> | |
| Effective date, | I EFFECTIVE DATE: if other than the date of filing: e date is listed, the date must be specific and c filing.) | (OPTIONAL) annot be more than five business day: | s prior or 90 business |
| | ate inserted in this block does not meet the applic s effective date on the Department of State's reco | | late will not be listed as |
| | named as registered agent to accept service of pr I am familiar with and accept the appointment o | | |
| | Oscar Quintanilla | | 7/26/21 |
| | Required Signature/Registered Agent | | Date |
| | locument and affirm that the facts stated hereing to be partment of State constitutes a third degree | | |
| | Oscar Quintanilla | • | 7/26/21 |
| Rec | quired Signature/Incorporator | | Date |