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To:

Division of Corporations

3052201440

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | |
|-------|---------------------------------------|--|
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|-----|--------|-------------------|---------------|---------------|--------------|
| F | LORIDA | PROFIT/NON | PROFIT | CORPOR | ATION |

EXPERT SHINE CLEANERS, CONS

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

AUG 0 3 2021

T. SCOTT

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

| ARTICLE I NAME | EXPERT SHINE CLEANERS, | CORP | | | | |
|--------------------------|-------------------------------------|-----------------|---------------------------|--|----------------|----------|
| The name of the corporat | tion shall be: | | _ | | | |
| ARTICLE II PRINC | | • | ren 11 | :c.::ex::: | | |
| 10331 SW 156 ST | Principal street address | 10331 SW | lailing address 156 ST | s, it different i | 5. | |
| ·- | | | | | | |
| MIAMI, FL 33157 | | MIAMI, FL | 33157 | | | |
| ARTICLE III PURFO | OSE he corporation is organized is: | | | | | |
| ANY AND ALL LAWFU | | | | | | |
| <u></u> | | | | | | |
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| | <u> </u> | | | 9.5 | - ශ | |
| | | | | 3.5 | · <u>~</u> | |
| The number of shares of | <u>£3</u> 100 [stock is: | | | | | |
| , | | | | | | |
| ARTICLE V INITI | AL OFFICERS AND/OR DIRECTORS | | | | | |
| Name and Tit | P: NOELIA JORDAN e: | Name and Title: | VP: NATALIA | A JORDAN | | |
| Address | 10331 SW 156 ST | Address: | 10331 SW 15 | 56 ST | | |
| 1100 | | | | | | |
| 1 | MIAMI, FL 33157 | | MIAMI, FL 33 | 3157 | | |
| | | | D: GABRIEL | A COPPEA | | |
| Name and Titl | D: ALFREDO JORDAN | Name and Title: | · - | | | — |
| Address | 10331 SW 156 ST | Address: | 10331 SW 1 | 56 S I | | |
| | | | | | | |
| | MIAMI, FL 33157 | | MIAMI, FL 3 | 3157 | | |
| | · | | | | | |
| Name and Titl | »· | Name and Title | <u>:</u> | | | |
| Address | | Address: | | | | |
| | | | | | | |
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| | | | | | | |

| Name | and Title: | Name and Title: |
|--|--|--|
| Addre | ess | Address: |
| | | |
| | | |
| | 1 | |
| ARTICLE VI The name and | REGISTERED AGENT Floridi street address (P.O. Box NOT acceptable) of | of the resistant and in |
| Name: | NCELIA JORDAN | in the registered agent is: |
| Address: | 10331 SW 156 ST | - |
| | MI/AMI, FL 33157 | _ |
| | 1 | _ |
| | <u>INCORPORATOR</u> | |
| The <u>name and</u> | address of the Incorporator is: | |
| Name: | NOELIA JORDAN | _ |
| Address: | 10331 SW 156 ST | _ |
| • | MIAMI, FL 33157 | _ |
| | | |
| <i>ARTICLE VIII</i> Effective date, | I EFFECTIVE DATE: 06/18/2021 if other han the date of filing: | |
| (If an effective filing.) | date is listed, the date must be specific and cannot | ot be more than five days prior or 90 days after the |
| Note: If the da | ate inserted in this block does not meet the applicable | e statutory filing requirements, this date will not be listed as |
| the document's | s effective date on the Department of State's records. | |
| Having been n | amed as registered agent to accept service of proces | is for the above stated corporation at the place designated in |
| | I am familiar with and accept the appointment as re | |
| | Required Signature/Registered Agent | Date |
| X > | | |
| I submit this d | ocument and affirm that the facts stated herein are | true. I am aware that the false information submitted in a |
| I submit this d | 1 | true. I am aware that the false information submitted in a |