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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
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SLINGS MIAMI CORP**

Certificate of Status	0
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Slings Miami Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

10760 SW 38 ST Miami, FI 33165

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

P - Olivier Gonzalez

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Olivier Gonzalez

10760 SW 38 ST Miami, FI 33165

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Olivier Gonzalez

10760 SW 38 ST Miami, FI 33165

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FBI

TALLAHASSEE, FLORIDA

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

Olivier Gonzalez

Registered Agent

08/02/2021

Date

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 in s.817.155, F.S.

Olivier Gonzalez

Incorporator

08/02/2021

Date

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TALLAHASSEE, FLORIDA