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To:	Division of Corporations	
	Fax Number : (850)617-6381	HASSI
From:		
	Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, 1	INC
	Account Number : 075350000353	-
	Phone : (800)221-2972	
	Fax Number : (917)243-5843	•-
	the email address for this business entity to be used for t	
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## FLORIDA PROFIT/NON PROFIT CORPORATION PAULO STAGNARO INC

Certificate of Status	0
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## ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporat	PAULO STAGNARO INC			<del></del>	
ARTICLE II PRINC	Principal street address		Mailing add	ress, if different is:	
133 NE 2ND AVENUE APT 1410  MIAMI, FL 33132			133 NE 2ND AVENUE APT 1410		
			MIAMI, FL 33132	FL 33132	
	DSE  MANAGE the corporation is organized is:  Lact or activity for which corporations ma		nized.		
				2	
-				<del></del>	
ARTICLE IV SHARI The number of shares of  ARTICLE V INITIA				ALB SO AMIR 45	
Name and Title	PAULO STAGNARO, President	Name	and Title:		
Address	133 NE 2ND AVENUE APT 1410	Address:	ess:	<u> </u>	
	MIAMI, FL 33132	_			
Name and Title:		Name	and Title:		
Address			ess:		
			<del></del>		
Name and Title:		Name	and Tide:		
Address		Addr	ess:		

Name and Title:		Name and Title:			
Address		Address:			
	REGISTERED AGENT				
The name and I	Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:			
Name:	PAULO STAGNARO				
Address:	133 NE 2ND AVENUE APT 1410				
	MIAMI, FL 33132		228		
. BOLGE E LUI	MCCORON TOD		Z#Z1 AUG 30 Ati Ahassi		
ARTICLE VII	<u>INCORPORATOR</u>		7. S.S. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
The name and a	address of the Incorporator is:		~-		
Name:	PAULO STAGNARO	<del></del>	AUG 30 ARTH		
Address:	133 NE 2ND AVENUE APT 1410		왕· 표 상 왕		
	MIAMI, FL 33132				
Effective date, i	EFFECTIVE DATE:  f other than the date of filing:  date is listed, the date must be specific and car filing.)	. (OPTIONAL) nnot be more than five busines	s days prior or 90 business		
	te inserted in this block does not meet the applica effective date on the Department of State's recor-		, this date will not be listed as		
	imed as registered agent to accept service of prod I am familiar with and accept the appointment as				
· Ph	Mely		8.30.21		
Required Signature/Registered Agent			Date		
	cument and affirm that the facts stated herein to Department of State constitutes a third degree for				
· PM	Telle		8.31.20		
Real	aired Signature/Incorporator		Date		