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.

(((H210003329913)))



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To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : ALEX PINA CO. Account Number : I20190000095 Phone : (305)803-8471		Doing so will generate another cover sheet.	om this page ALLE
From: Account Name : ALEX PINA CO. Account Number : I20190000095	To:		<u> </u>
From: Account Name : ALEX PINA CO. Account Number : I20190000095		Division of Corporations	£5~₹ ₩
Account Name : ALEX PINA CO. Account Number : I20190000095		Fax Number : (850)617-6381	70 2
Account Name : ALEX PINA CO. Account Number : I20190000095	From:		
Account Name : 12013000033		Account Name : ALEX PINA CO.	- 사건 -
Phone : (305)803-8471		Account Number : I20190000095	
		Phone : (305)803-8471	

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

Email	Address:	client@alexpina.co	
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FLORIDA PROFIT/NON PROFIT CORPORATION

Grupo Loma Linda Corp

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2021 Sept. 3 LM 10: 33

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ARTICLES OF INCORPORATION

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

RTICLE 1 NAME The name of the corporat	ion shall be:Grupo Loma Lit	nda Corp	
RTICLE II PRINC 9143 NW 33rd St	IPAL OFFICE Principal street address	Mailing address, if differe	nt is:
Doral, FL 33172	DSE A TOUR	And All Louful Durnon	
he purpose for which the	ne corporation is organized is: Any	And All Lawful Purposes	
			20
RTICLE IV SHARI		, <u></u>	2021 SEP -8 P
	I. OFFICERS AND/OR DIRECTORS Blanca De Los Angeles Osorio Ramos - Preside	nt Name and Title	SEC. 7: 18
Name and Title	9143 NW 33rd St	Name and Title:Address:	
	Doral, FL 33172	<u> </u>	
Name and Title:		Name and Title:	
Address			_
		Name and Title:	
Address			

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

Required Signature Registered Agent

Required Signature/Incorporator

09/07/2021

09/07/2021

Date

Date