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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

*[Handwritten Signature]*  
9/21/21

From: Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION  
Account Number : I20190000086  
Phone : (305)275-1300  
Fax Number : (305)275-1301

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

Email Address: lianagrevoltamd@gmail.com

2021 SEP 20 PM 12:11

FLORIDA PROFIT/NON PROFIT CORPORATION

Liana RDH Inc

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

SECRETARY OF STATE  
TALLAHASSEE, FL  
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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 corporation shall be: Liana RDH Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address is: 14140 SW 84 Street, H-408, Miami, FL 33183

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Liana Gonzalez Revolta, President

Address: 14140 SW 84 Street, H-408, Miami, FL 33183

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is

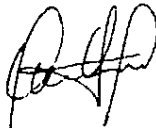
Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

**ARTICLE VIII EFFECTIVE DATE**

Effective date, if other than the date of filing:

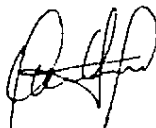
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

09/20/2021

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.



Required Signature/ Incorporator

09/20/2021

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