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To:

Division of Corporations

Fax Number : (850)617-6381

From:

: FLORIDA ACCOUNTING & BUSINESS CONSULTING LLC Account Name

Account Number : 120200000185 Phone ; (754)200-4294 : (844)254-4044 Fax Number

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

#### FLORIDA PROFIT/NON PROFIT CORPORATION QUARTZ MANIA, CORP

| Certificate of Status | 1       |
|-----------------------|---------|
| Certified Copy        | 0       |
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T. SCOTT

OCT 29 2021

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#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

## **ARTICLE 1** NAME: The name of the corporation is:

# QUARTZ MANIA, CORP

|                                       | <del></del>             | <del></del>                |               |                       |             |
|---------------------------------------|-------------------------|----------------------------|---------------|-----------------------|-------------|
|                                       | ARTICLE II              | PRINCIPAL OFFI             | CE:           |                       |             |
|                                       | The principal street a  | address and mailing a      | ddress is:    |                       |             |
|                                       | 1400 SW                 | 10TH AVE                   |               |                       |             |
|                                       | POMPANO                 | FL ,33069                  |               |                       |             |
| ,                                     |                         |                            |               |                       |             |
| ARTICLE III                           | SHARES: The num         | nber of shares of stock    | cis:10        | 0                     |             |
| ARTICI                                | E IV INITIAL            | DIRECTORS AND              | OR OFFIC      | CERS:                 |             |
|                                       | DANIEL LOP              | EZ (PRESIDE                | ENT)          |                       |             |
|                                       |                         |                            |               | B                     | 21.         |
|                                       |                         |                            |               |                       | UL 12       |
|                                       | <del></del>             |                            | <del></del>   | 47.                   | L'3         |
|                                       |                         |                            |               | - ' <u>1</u> 1        | <u>~</u>    |
| <del></del>                           |                         |                            |               | <u>ंहें</u><br>केंद्र | -           |
| ARTICLE V                             | INTTIAL REGIST          | TERED AGENT AN             | D STREET      | `∦'<br>'ADDRF         | SS:         |
|                                       |                         | PO Box not acceptable      |               |                       |             |
|                                       |                         | SINESS CONSULTING LL       |               |                       | ,           |
|                                       | DAVIE BLVD, FORT LAU    |                            |               |                       |             |
|                                       | 2.17.2.22.37.1.0111.010 |                            |               |                       |             |
| · · · · · · · · · · · · · · · · · · · |                         |                            |               |                       |             |
| ARTICLE VI                            |                         | <b>R:</b> The name and add | ress of the I | Incorpora             | tor is      |
|                                       | DANIEL LOPE             |                            |               |                       | <del></del> |
| <del></del>                           | 1400 SW 10TH            | I AVE                      | <del></del>   | <del></del>           |             |
|                                       | POMPANO B               | EACH, FL 33069             |               |                       |             |

## 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

| Otacho Dispus    | 10/25/2021 |  |  |
|------------------|------------|--|--|
| Registered Agent | 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.

Oct 28, 2021

Danie J. Copy 2 (Dot 78, 2021 08:04 EDT)

Incorporator Date