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.

(((H21000456798 3)))



To:					12/1
	Division of Corpo Fax Number :				/16
From:					
	Account Name : Account Number :		ATE FILING SEF	RVICE INC.	
	Phone :				
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## ARTICLES OF INCORPORATION

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

<u>LE II PRI</u>	NCIPAL OFFICE			
	Principal street address	Mailing addre	ess, if different is:	
W 134 PL		5417 SW 134 PL		
MI, FL 33175		MIAMI, FL 33175		
CLE III PUI prose for which	RPOSE  the corporation is organized is: ANY AN	D ALL LAWFUL BUSINES	S	
	<del></del>			
CLE IV SIL	ARES			
TLE IV SII/ mber of shares	4RES of stock is: SHARES: 100 @ \$1.00			
	of stock is: SHARES: 100 @ \$1.00	····		
imber of shares	TIAL OFFICERS AND/OR DIRECTORS	····		
imber of shares	TIAL OFFICERS AND/OR DIRECTORS	Narne and Title:		
imber of shares	TIAL OFFICERS AND/OR DIRECTORS  Title: HARRY CARRASQUILLO - P	Name and Title:Address:		
ELE V INF	TIAL OFFICERS AND/OR DIRECTORS  Title: HARRY CARRASQUILLO - P			
ELE V INF	TIAL OFFICERS AND/OR DIRECTORS Title: HARRY CARRASQUILLO - P 5417 SW 134 PL			
ELE V INF	TIAL OFFICERS AND/OR DIRECTORS Title: HARRY CARRASQUILLO - P 5417 SW 134 PL			
ELE V INF  Name and T  Address	TIAL OFFICERS AND/OR DIRECTORS Title: HARRY CARRASQUILLO - P 5417 SW 134 PL	Address:		
ELE V INF  Name and T  Address	TIAL OFFICERS AND/OR DIRECTORS  Title: HARRY CARRASQUILLO - P  5417 SW 134 PL  MIAMI, FL 33175	Address:		
Name and To	TIAL OFFICERS AND/OR DIRECTORS  Title: HARRY CARRASQUILLO - P  5417 SW 134 PL  MIAMI, FL 33175	Address:  Name and Title:		
Name and To	TIAL OFFICERS AND/OR DIRECTORS  Title: HARRY CARRASQUILLO - P  5417 SW 134 PL  MIAMI, FL 33175	Address:  Name and Title:		
Name and To	TIAL OFFICERS AND/OR DIRECTORS  Title: HARRY CARRASQUILLO - P  5417 SW 134 PL  MIAMI, FL 33175	Address:  Name and Title:		
Name and T Address	TIAL OFFICERS AND/OR DIRECTORS  Title: HARRY CARRASQUILLO - P  5417 SW 134 PL  MIAMI, FL 33175	Address: Name and Title: Address:	2011 DEC 15	
Name and T Address	TIAL OFFICERS AND/OR DIRECTORS  Title: HARRY CARRASQUILLO - P  5417 SW 134 PL  MIAMI, FL 33175	Address: Name and Title: Address:		
Name and T Address	TIAL OFFICERS AND/OR DIRECTORS  Title: HARRY CARRASQUILLO - P  5417 SW 134 PL  MIAMI, FL 33175	Address:	2011 DEC 15	

Name and Title:		Name and Title:		
Address		Address:		
	REGISTERED AGENT Plorida street address (P.O. Box NOT acceptable	) of the registered agent is:		
Name:	HARRY CARRASQUILLO			
Address:	5417 SW 134 PL			
	MIAMI, FL 33175			
ARTICLE VII	INCURPORATOR			
The name and a	address of the Incorporator is:			
Name:	HARRY CARRASQUILLO			
Address:	5417 SW 134 PL			
	MIAMI, FL 33175	<del></del>		
Effective date, i	fother than the date of filing: 01/01/2022 date is listed, the date must be specific and can	. (OPTIONAL.)  nnot be more than five days prior or 90 days after the		
	te inserted in this block does not meet the applica effective date on the Department of State's recor	ble statutory filing requirements, this date will not be listed as ds.		
	med as registered agent to accept service of proces familiar with and accept the appointment as regis	ss for the above stated corporation at the place designated in thi. stered agent and agree to act in this capacity		
10	Harry Carrasquillo Required Signature/Registered Agent	12-15-2021		
	Required Signardre/Registered Agent	Date		
	ocument and affirm that the facts stated herein i Department of State constitutes a third degree fe	are true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.		
/4/	Harry Carrasquillo	12-15-2021		
Required Signat	ture/Ing/rporator 0	Date		