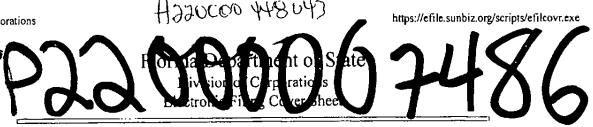
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA

Account Number : I20000000168 Phone : (727)322-0909 Fax Number : (727)610-8595

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

Email Address:

DAVIDOPA OTA WORDAY, 12K. LONG

FLORIDA PROFIT/NON PROFIT CORPORATION MYRIAM JENNIFER GUTIERREZ, PA

| Certificate of Status | 1 |
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S. CHATHAM

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

| Principal street address 12617 MARIORY TYR TAMPA, 71 33612 ARTICLE III PURPOSE The purpose for which the corporation is organized is: TO GROW AS A HILLIAM FLOWERS TO GROW AS A HILLI | Mailing address, if different is: SYAVUE EAL ESTATE HASENT |
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| TAMP + 71 3361 V ARTICLE III PURPOSE The numose for which the corporation is organized is: | |
| TAMP + 71 3361 V ARTICLE III PURPOSE The numose for which the corporation is organized is: | SAL ESTATE ACIENT |
| ARTICLE III PURPOSE The numose for which the corporation is organized is: | EAL ESTATE ACIENT |
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| TO GREATE AS A LICENTIAN FIOCHINE | MTL CSIAIR THEN |
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| | |
| ARTICLE IV SHARES The number of shares of stock is: 1000 SHARES | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS M. D. AMA County COAST DCT | |
| Name and Title MyRIAM GUTICELEZ PSTName a Address 12615 MARJOY AVE Addres | |
| TAMP 4,71 33612 | |
| <u> </u> | |
| Name and Title: Name a | nd Title: |
| Address Addres | 8 |
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H220000 448 043

O

From: +17276108595 (David C Hastings CPA)

H 220000 448043

| Name and T | itle: | Name and Title: |
|--|---|--|
| Address | | Address: |
| | | |
| | | |
| | | |
| ARTICLE VI RE | EGISTERED AGENT ida street address (P.O. Box NOT acceptable) o | If the registered agent is: |
| Name: | DAVID C HASTINGS CPA | _ |
| Address: | 2267 5471 545 | |
| | COLLEBOH, 74 33 TOT | - |
| | VCONDAR (TOP | 72 22 22 22 22 22 22 22 22 22 22 22 22 2 |
| ARTICLE VII IN | | FEB |
| | ress of the Incorporator is: N.O. And Journal Sales | **** I |
| Name: Address: | MyRIAM (SUTIERLEZ 12615 MARJONY AVE | 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| | TAMPA, 71 33612 | PMIO: 56 |
| Effective date if o | EFFECTIVE DATE: ther than the date of filing: | (OPTIONAL) |
| (If an effective da filing.) | te is listed, the date must be specific and cann | ot be more than five days prior or 90 days after the |
| Note: If the date if the document's eff | nserted in this block does not meet the applicable fective date on the Department of State's records | e statutory filing requirements, this date will not be listed as |
| Having been name | ed as registered agent to accept service of process miliar with and accept the appointment as regist | for the above stated corporation at the place designated in this ered agent and agree to act in this capacity |
| (C | Hack | 2/3/22 |
| | Required Spnature/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. | | |
| abcument to the D | en Huting | 2/3/22 |
| Required Signatur | C/Incorporator | Date |