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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION AN FLORIDA WHOLESALER, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

NAME: The name of the corporation is: ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: WN 108S Florida ARTICLE III SHARES: The number of shares of stock is: 100 INITIAL DIRECTORS AND/OR OFFICERS: ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRÉSS: The name and Florida street address (PO Box not acceptable) of the regis:ered agent is: Florida **ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is: Francisco Anibal Monroig

Miam

Required Signatures:

3052201440

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

Registered Agent

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 felopy as provided for in s.817.155, F.S.

Incorporator

1/8/22