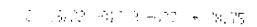
## P22000010940

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(SK)/State/2/p/ None //
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

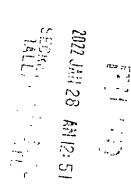
Office Use Only



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2/5/22



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

	PLEXI, INC.			
<u> TICLE II — PRIN</u>	NCIPAL OFFICE Principal street address M		ailing address, if different is:	
9101 MYSTIC POINTE DR. APT 1704		SAME		
'ENTURA, FL. 331	80			
TICLE III PURP	OSE the corporation is organized is:			
			·	
<del></del>		<u></u>		
TICLE IV SHAR	<u>RES</u> 1000			
number of shares o	f stock is:			
TICLE V INITI	f stock is:  AL OFFICERS AND/OR DIRECTORS  GUSTAVO SAENZ (P)  10101 MYSTIC POINTE DR. APT 1704	Name and Title:		
number of shares o	f stock is:  AL OFFICERS AND/OR DIRECTORS  GUSTAVO SAENZ (P)  10101 MYSTIC POINTE DR. APT 1704	Name and Title:		
e number of shares o TICLE V INITI Name and Titl Address	f stock is:  AL OFFICERS AND/OR DIRECTORS  GUSTAVO SAENZ (P)  19101 MYSTIC POINTE DR. APT 1704	Name and Title:Address:		
e number of shares o TICLE V INITI Name and Titl Address	f stock is:  AL OFFICERS AND/OR DIRECTORS  BE:  GUSTAVO SAENZ (P)  19101 MYSTIC POINTE DR. APT 1704  AVENTURA, FL. 33180	Name and Title: Address:  Mame and Title:	20 SE	
Name and Title  Name and Title	AL OFFICERS AND/OR DIRECTORS  GUSTAVO SAENZ (P)  19101 MYSTIC POINTE DR. APT 1704  AVENTURA, FL. 33180	Name and Title: Address:  Mame and Title:	2022 JAH 28 SEDAL TALL	
Name and Title  Name and Title  Address	AL OFFICERS AND/OR DIRECTORS  GUSTAVO SAENZ (P)  19101 MYSTIC POINTE DR. APT 1704  AVENTURA, FL. 33180	Name and Title:  Address:  Name and Title:  Address:	2022 JAJI 28 AH SEDAL SISS	

Name a	and Title:	Name and Title:			
Addres	SS				
ARTICLE VI The name and I Name: Address:	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) GUSTAVO SAENZ 19101 MYSTIC POINTE DR. APT 1704 AVENTURA, FL. 33180				
ARTICLE VII	INCORPORATOR				
The name and	address of the Incorporator is:		<u>(0</u>	202	
Name:	GUSTAVO SAENZ			?? J	
Address:	19101 MYSTIC POINTE DR. APT 1704			2022 JAH 28	• <u>•</u> •
	AVENTURA, FL. 33180				
			,	AH 12:	. م. ساد
ARTICLE VIII	EFBECTIVE DATE:		<del></del>	ب. س	
(If an effective filing.)	if other than the date of filing:  date is listed, the date must be specific and can te inserted in this block does not meet the applicab	not be more than live days prior			
the document's	effective date on the Department of State's record	5.			
Having been no this certificate,	amed as registered agent to accept service of proc I an familiar with and accept the appointment as	ess for the above stated corporation registered agent and agree to act in	this capacity	ite ing it	**********
× -			- [/i4]s	252.č	
I submit this de	Required Signature/Registered Agent ocument and affirm that the facts stated herein as Department of State constitutes a third degree for	ire true. I am aware that the false lony as provided for in s.817.155, F	.S.		ed in a
Х	: 1h		1/14/202	2	
Req	uired Signature/Incorporator		, D	ate	
	$\mathcal{N}$				

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