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(Ci	ty/State/Zip/Phone #)				
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(Bi	siness Entity Name)				
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Certified Copies	_ Certificates of	Status			
Special Instructions to	Filing Officer				
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Office Use Only



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CORPORATE ACCESS, _____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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	PICK	UP:	2/15 DANNY	_	
	CERTIFIED COPY				
XX	РНОТОСОРУ				
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xx	FILING	INC	,		
•	REIS FILHO, INC				
•	(CORPORATE NAME AND DOCUM	ENT #)			
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PECIAL NSTRUC	CTIONS:				

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

ARTICLE I NAME The name of the corporati	ion shall be: Reis Filho, Inc.		
ARTICLE II PRINC		Ma	uiling address, if different is:
8187 Grayeliff Ave			
Winter Garden, FL 3	4787		
ARTICLE III PURPO The purpose for which th	SE te corporation is organized is:	sepertation.	
			2 2
ORTICLE IV SHARE			2FEB 15 PM
	LOFFICERS AND/OR DIRECTORS Sergio Reis-Filho, DIRECTOR	Name and Title:	con ca
Address	8187 Grayeliff Ave		ř.
	Winter Garden, FL 34787		
Name and Title:_			
Address _		Address:	
Name and Title:		Name and Title:	
Address		Address:	
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		Name and Title:	
Name and	Title:	Address:	
Address			
•	W.		
RTICLE VI R	EGISTERED AGENT irida sirect address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Sergio Reis-Filho		
Address:	8187 Grayeliff Ave		
	Winter Garden, FL 34787		
(RTICLE VII -	INCORPORATOR		
The name and ad	idress of the Incorporator is:		
Name:	STEPHAN MONEREAU		
Address:	100 WALL STREET STE 503		
	NEW YORK, NY 10005		
Effective date, if (If an effective t filing.)	other than the date of filing: other than the date of filing: date is listed, the date must be specific and of inserted in this block does not meet the appliance of the date on the Department of State's received.	cable statutory filing require	ays prior or 90 days after the
	ned as registered agent to accept service of pro familiar with and accept the appaintment as re	own for the above stated COF	poration at the place designated in thi act in this capacity
~3 (52-14. 2022
	Required Signature/Registered Ager	nt	Date
I submit this do document to the	cument and affirm that the facts stated here Department of State constitutes a third degree	in are true. I am aware tha efelony as provided for in s.	t the false information submitted in 817.155, F.S.
√r (_	02/08/2022
Required Signar	ure/incorporator		Date "