

2/16/22, 11:13 AM

Division of Corporations

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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
LIFE & TRUST ENTERPRISES CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: LIFE & TRUST ENTERPRISES CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address7985 NW 8 STREETAPT 107 AMIAMI, FLORIDA 33126

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.**ARTICLE IV SHARES**

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: DENISSA A. QUINTERO EXPOSITO
PRESIDENTAddress: 7985 NW 8 STREETAPT 107 AMIAMI, FL 33126Name and Title: LUIS A VIVIESCAS TOVAR
VICE PRESIDENTAddress: 7985 NW 8 STREETAPT 107 AMIAMI, FLORIDA 33126

Name and Title: _____ Name and Title: _____

Address: _____

Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: IRAIDA R BROUWER
Address: 14170 NW 5 PLACE
NORTH MIAMI, FLORIDA 33168

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

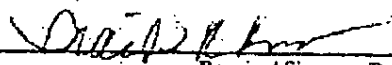
Name: IRAIDA R BROUWER
Address: 14170 NW 5 PLACE
MIAMI, FLORIDA 33168

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 02/14/2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

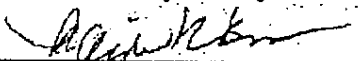
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

2/14/22
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 by s. 817.155, F.S.


Required Signature/Incorporator

2/14/22
Date

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