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Division of Corporations

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
VAMARIN INVESTMENT, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	02
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: VAMARIN INVESTMENT, CORP.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address475 BRICKELL AVENUE - STE. 5113MIAMI, FL. 33131

Mailing address, if different is:

475 BRICKELL AVENUE - STE. 5113MIAMI, FL. 33131**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: MANAGEMENT CONSULTING , FINANCIAL AND
REAL PROPERTY INVESTING**ARTICLE IV SHARES**The number of shares of stock is: 1,000 at par value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JULIO HERNANDO RINCON, PTSAddress 475 BRICKELL AVENUESTE. #5113MIAMI, FL. 33131

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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: CABANAS & ASSOCIATES, P.A.

Address: 8350 NW 52ND TERRACE - STE. #208

DORAL, FL. 33166

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: CABANAS & ASSOCIATES, P.A.

Address: 8350 NW 52ND TERRACE - STE. #208

DORAL, FL. 33166

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: N/A (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

MARCH 4, 2022

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.

 Required Signature/Incorporator

MARCH 4, 2022

Date

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA