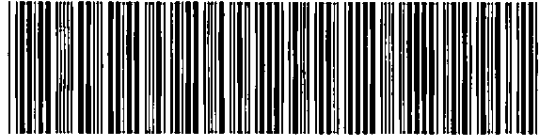


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Ladago Corp

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
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Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

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

ARTICLE I NAME

The name of the corporation shall be: LADAGO CORP

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>2121 PONCE DE LEON BLVD</u> <u>SUITE 1050</u> <u>CORAL GABLES, FL 33134</u>	Mailing address, if different is: _____ _____
---	---

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

AIMS TO EARN PROFITS THROUGH ITS INVESTMENT

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>GUSTAVO E MALDA, PD</u>	Name and Title: <u>CINDY V BUITRAGO, SD</u>
Address: <u>2121 PONCE DE LEON BLVD</u>	Address: <u>2121 PONCE DE LEON BLVD</u>
<u>SUITE 1050</u>	<u>SUITE 1050</u>
<u>CORAL GABLES, FL 33134</u>	<u>CORAL GABLES, FL 33134</u>

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

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

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

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CONSULTING SERVICES OF SOUTH FLORIDA INC
 Address: 2121 PONCE DE LEON BLVD STE 1050
CORAL GABLES, FL 33134

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANTONIO GARCIA
 Address: 2121 PONCE DE LEON BLVD STE 1050
CORAL GABLES, FL 33134

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

_____ *Antonio Garcia* _____ 03-08-2022
 Required Signature/Registered Agent 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.

_____ *Antonio Garcia* _____ 03-08-2022
 Required Signature/Incorporator Date