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Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : ALEX PINA CO.  
Account Number : I20190000095  
Phone : (305)803-8471  
Fax Number : (305)602-3977

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**OLIMPICA ZULIA GRUPO SAR CORP**

Certificate of Status	0
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Page Count	03
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S. CHATHAM  
MAR 24 2022

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Corporate Filing Menu

Help

**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:

**OLIMPICA ZULIA GRUPO SAR CORP****ARTICLE II PRINCIPAL OFFICE**Principal street address**11498 NW 79th Ln**

Mailing address, if different is:

**Doral, FL 33178****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Any And All Lawful Purposes****ARTICLE IV SHARES**

The number of shares of stock is:

**10,000****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Rhonald F Perez Contreras - President**

Name and Title:

Address

**11498 NW 79th Ln**

Address:

**Doral, FL 33178**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ALEX PINA COAddress: 8400 NW 36th St Ste 450Doral, FL 33166**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Rhonald F Perez ContrerasAddress: 11498 NW 79th LnDoral, FL 33178

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**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*\_\_\_\_\_  
Required Signature/Registered Agent

03/22/2022

\_\_\_\_\_  
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

03/22/2022

\_\_\_\_\_  
Date