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Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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22/1/22

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
OPTIMAL DEVELOPMENTS CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

• **ARTICLE I NAME:** The name of the corporation is:OPTIMAL DEVELOPMENTS CORP.• **ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

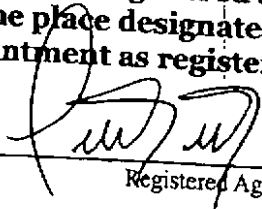
7380 SW 48 STMIAMI FL 33155**ARTICLE III SHARES:** The number of shares of stock is: 100• **ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**JOHN ENRIQUE GOMEZ PINERES
(P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

JOHN ENRIQUE GOMEZ PINERES7380 SW 48 STMIAMI FL 33155**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:JOHN ENRIQUE GOMEZ PINERES7380 SW 48 STMIAMI FL 33155

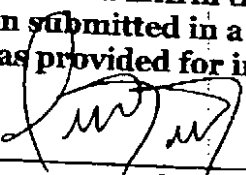
Required Signatures:

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



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.



Incorporator _____ Date _____

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