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**FLORIDA PROFIT/NON PROFIT CORPORATION  
BE MARIETTA INC**

Certificate of Status	0
Certified Copy	1
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**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: BE MARIETTA INC**ARTICLE II PRINCIPAL OFFICE**Principal street address159 NW 9 ST BLDG 2 APT 205MIAMI, FL 33136

Mailing address, if different is:

159 NW 9 ST BLDG 2 APT 205MIAMI, FL 33136**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Maria C Olivero, President, Director

Name and Title: \_\_\_\_\_

Address 159 NW 9 ST BLDG 2 APT 205

Address: \_\_\_\_\_

MIAMI, FL 33136

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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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: MARIA C OLIVERO  
Address: 159 NW 9 ST BLDG 2 APT 205  
MIAMI, FL 33136

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: RICARDO SALAS  
Address: 13362 SW 128TH STREET  
MIAMI, FL 33186

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**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 03/25/2022 (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*

Maria Olivero

Required Signature/Registered Agent

03/25/2022

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.*

RS

Required Signature/Incorporator

03/25/2022

Date