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Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ELIAS FLOORS, CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
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FLORIDA DEPARTMENT OF STATE  
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COMMERCIAL SERVICES

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

**ARTICLE I NAME** ELIAS FLOORS, CORP  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
11415 SW 45TH ST  
\_\_\_\_\_  
\_\_\_\_\_  
MIAMI, FL 33165  
\_\_\_\_\_

Mailing address, if different is:  
11415 SW 45TH ST  
\_\_\_\_\_  
\_\_\_\_\_  
MIAMI, FL 33165  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: \_\_\_\_\_  
ANY AND ALL LAWFUL BUSINESS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: P: ELIA E. ALVARADO CHUN  
Address 11415 SW 45TH ST  
\_\_\_\_\_  
MIAMI, FL 33165  
\_\_\_\_\_

Name and Title: VP: AUDELINA A. MACARIO H.  
Address: 11415 SW 45TH ST  
\_\_\_\_\_  
MIAMI, F. 33165  
\_\_\_\_\_

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

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

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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: ELIA E. ALVARADO CHUN  
Address: 11415 SW 45TH ST  
MIAMI, FL 33165

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: ELIA E. ALVARADO CHUN  
Address: 11415 SW 45TH ST  
MIAMI, FL 33165


**ARTICLE VIII EFFECTIVE DATE:** 04/01/2022

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.)

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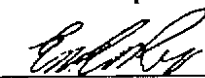
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

X   
\_\_\_\_\_  
Required Signature/Registered Agent

04/01/2022

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.*

X   
\_\_\_\_\_  
Required Signature/Incorporator

04/01/2022

Date

2022-04-05 PM 7:34