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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Ena∐	Address:	
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## FLORIDA PROFIT/NON PROFIT CORPORATION H-TOWN MIAMI INC

Certificate of Status	0	
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04/08/2022 -14:27 3052201440 LAZARUS CORPORATE • PAGE 02/03

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

**ARTICLE I** NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
19366 <u>SW 13</u>	2 Ave Miami,Fl 33177
<del></del>	
ARTICLE III	SHARES: The number of shares of stock is: 100
ART	ICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
nrique Castane	oda (P)
<del></del>	
<del></del>	
<del>-</del>	
	<u> </u>
	V INITIAL REGISTERED AGENT AND STREET ADDRESS:
	l Florida street address (PO Box not acceptable) of the registered agent in
nriqu <u>e Castane</u>	
9366 <u>SW 132 A</u>	Ave Miami, FL 33177
<del></del>	
ARTICI R V	:  INCORPORATOR: The name and address of the Incorporator is
TO CHECK THE PERSON OF THE PER	•
	14
vique Castaneo	ve Mlami, Fi 331.77

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## 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

Registoried Agent 5/6/22
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 5/6/22
Date