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Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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## FLORIDA PROFIT/NON PROFIT CORPORATION

## Perez Capital Group Inc.

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Help

ARTICI EI NAME	ARTICLES OF INCO	ORPORATION For Chapter 621, F	.S. (Profit)	2022 APR 13 PH
The name of the corporation	n shall be: Percz Capital Group Inc		<del></del>	
ARTICLE II PRINCL	PAL OFFICE rincipal street address	PO Box 1	Mailing address, it 791 e, UT, 84711	
ARTICLE III PURPOS The purpose for which the	SE corporation is organized is: Any legal ac	ctivity./ business in	ianagement scrvi	CEN
			1.	
			<del></del>	
				<u> </u>
		• •		•
				22
ARTICLE IV SHARE The number of shares of s  ARTICLE V INITIA	2,000  took is:  LOFFICERS AND/OR DIRECTORS  Rey Perez - President	Name and Title	Justine Beard -	APR 13 PM 4:
	1100 Brickell Bay DriveApt 76M	Address:		ay DriveApt 754
Address	Miami FL 33131		Miami FL 3313	31
. •	Wilder 1999	<del></del>		
Name and Title:	Rcy Perez - Treasurer	Name and Titl	Caudon Leavit	t - Director
Address	1100 Brickell Bay DriveApt 76M	Address:	1100 Brickell F	Bay DriveApt 76M
	Miami FL 33131		Miami FL 331	31
		· .		
			<del></del>	
Name and Title		Name and Titl	e:	
Address		Address:		
- 3				<del>_</del>
		<del></del>		

Name and Title	»	Name and Title:	
Address	· ·	Address:	
		, <u>, , , , , , , , , , , , , , , , , , </u>	
RTICLE VI REGI	STERED AGENT		
he pame and Florida	street address (P.O. Box NOT acceptable) of	the registered agent is:	
	AI Services, Inc.	-	
•	00 South Pine Island Road Plantation,	_	. 21
<del></del>	L 33324		022 A
		<del>.</del> 	PR
RTICLE VII INC	<u>ORPORATOR</u>		~ <u>~</u> ~ <del>~</del> ~
he name and addres	is of the Incorporator is:		PH
Name:	Brent Buscay - VP, Laughlin Associates, Inc.	· · · · · · · · · · · · · · · · · · ·	0 <b></b>
Address:	680 W Nye Lane Ste 202	_	15 15
	Carson City, NV 89703	_	
RTICLE VIII <u>EF</u>	FECTIVE DATE:	· · · · · · · · · · · · · · · · · · ·	
		(OPTIONAL)	on OO down after the
iling.)	is listed, the date of filing:  is listed, the date must be specific and cannot erted in this block does not meet the applicable.	e statutory filing requirements, this	
	tive date on the Department of State's records		
Having been named : certificate, I am fami	as registered agent to accept service of process liar with and accept the appointment as regist	for the above stated corporation at ered agent and agree to act in this (	the place designated in this rapacity
	Services, Inc. OK CHUM DEPOR	A COKBLEN _	4/12/2Z
	Required Signature/Registered Agent	e and the state of the	information submitted in a
submit this docum	ent and offirm that the facts stated herein at artment of State constitutes a third degree felo	re true. I am aware that the jaise ony as provided for in s.817.155, F.	S
5			04/12/2022
		Date	
Required Signatule	Incorporator	1)3(0	