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Division of Corporations

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
FIRST VANGUARD PRODUCTION INC**

Certificate of Status	0
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D. O'KEEFE

MAY 12 2022

**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: FIRST VANGUARD PRODUCTION INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

905 W 79 STHIALEAH, FL 33014**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: LUIS DANIEL ACOSTA (P/T/D)

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

Address 905 W 79 ST

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

HIALEAH, FL 33014Name and Title: JOSEPH ROSES (S/D)

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

Address 301 NW 23 AVE

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

MIAMI, FL 33125

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: LUIS DANIEL ACOSTAAddress: 905 W 79 STHIALEAH, FL 33014**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: LUIS DANIEL ACOSTAAddress: 905 W 79 STHIALEAH, FL 33014FILED  
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CLERK OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE VIII EFFECTIVE DATE:**

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.)

**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*/s/ Luis Daniel Acosta  
Required Signature/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.*/s/ Luis Daniel Acosta  
Required Signature/Incorporator\_\_\_\_\_  
Date