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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
LY GOMEZ CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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D. O'KEEFE

MAY 13 2022

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:LY GOMEZ CORPORATION**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

387 Pronghorn PLNew Braunfels Tx 78130**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**P:LUIS YUNIER GOMEZ BRIZUELACLERK OF STATE
TALLAHASSEE, FLORIDA

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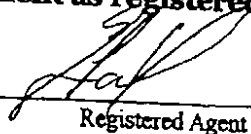
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

LUIS YUNIER GOMEZ BRIZUELA
5891 SW 19 ST
MIAMI FL 33155**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:LUIS YUNIER GOMEZ BRIZUELA
5891 SW 19 ST.
MIAMI FL 33155

Required Signatures:

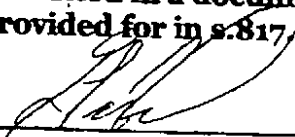
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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.



Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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To: **Date:** 05/12/2022 03:10:21 PM Central Time

Company: FL SOS

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Number of pages transmitted

From:

including cover page: 5

Name: Taylor Seay

Email: tseay@capitol-services.com

Fax No: 800-432-3622

Voice No: 855-498-5500

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