Division of Corporations

lease print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FLORIDA ACCOUNTING & BUSINESS CONSULTING LLC

Account Number : I20200000185 : (754)200-4294 : (844)254-4044 Fax Number

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

| Email: | Address: | | | |
|--------|----------|--|--|--|
| FWGII | Address: | | | |

FLORIDA PROFIT/NON PROFIT CORPORATION OCHOLATE INVESTMENT, CORP

| Certificate of Status | l |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

T. SCOTT

MAY 2 0 2022

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

To: 18506176381

In compliance with Chapter 607 (Profit)

| ARTICLE I NAME: The name of the corporat | ion is: |
|--|--------------------|
| Ocholate Investment, Corp | |
| ARTICLE II PRINCIPAL OFFICE: | |
| The principal street address and mailing address | s is: |
| 2764 DAVIE BLVD, | |
| FT LAUDERDALE, FL 33312 | |
| ARTICLE III SHARES: The number of shares of stock is: | |
| ARTICLE IV INITIAL DIRECTORS AND/OR O | OFFICERS: |
| Rivera Florez, Hernan Dario (P) | |
| Solano Quimbaya, Juan Pablo (VP) | |
| MuNoz Caviedes , Luis Fernando (S) | |
| | |
| ARTICLE V INITIAL REGISTERED AGENT AND STE The name and Florida street address (PO Box not acceptable) of the | |
| Florida Accounting & Business Consulting LLC | |
| 2764 DAVIE BLVD. | |
| FT LAUDERDALE, FL 33312 | 9- 1 |
| ARTICLE VI INCORPORATOR: The name and address of | f the Incorporator |
| Rivera Florez, Hernan Dario | |
| 070.0 10.0 10.0 | <u>k</u> u |
| 2764 DAVIE BLVD. | |

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

| Otsara Proster | 05/19/2022 | |
|------------------|------------|--|
| 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.

| Hernan D Rivera F | May 19, 2022 |
|---|--------------|
| heman D Rivera F (May 19, 2022 12.09 CDT) | |
| Incorporator | Date |