Note: Please 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:		د نه ر
	Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774	D *

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FLORIDA PROFIT/NON PROFIT CORPORATION MTM MANUFACTURER INC.

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T. SCOTT, MAY 2 6 2022

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Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Principal <u>street</u> address 1 E. 11 AVE		4401 E. 11 AVE	Mailing address, if different is:	
EAH, FL 33013		HIALEAH, FL	33013	
CIFIII DUDDA	SE ne corporation is organized is: ANY AI	ND ALL LAWFUL BU	SINESS	
	-			
· · · · · · · · · · · · · · · · · · ·				
CLE IV SHARE mber of shares of s	<u>is</u> _{tock is:} SHARES: 100 @ \$1.00			
	LOFFICERS AND/OR DIRECTORS	Name and Title		
Name and Title	IVAN LOPEZ BARRERO - P			
Name and Title	IVAN LOPEZ BARRERO - P 4401 E. 11 AVE			
Name and Title	IVAN LOPEZ BARRERO - P 4401 E. 11 AVE	Address:	22	
Name and Title	IVAN LOPEZ BARRERO - P 4401 E. 11 AVE HIALEAH, FL 33013	Address:	22 5.70	
Name and Title Address Name and Title:	IVAN LOPEZ BARRERO - P 4401 E. 11 AVE HIALEAH, FL 33013	Address: Name and Title:	22	
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Name and Title Address Name and Title: Address	IVAN LOPEZ BARRERO - P 4401 E. 11 AVE HIALEAH, FL 33013	Address: Name and Title: Address: Name and Title:	22 22 22 22 22 22 22 22 22 22 22 22 22	

Name and Title:		Name and Title:		
Addr	ess	Address:		
	REGISTERED AGENT I Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:		
Name:	IVAN LOPEZ BARRERO			
Address:	4401 E. 11 AVE			
	HIALEAH, FL 33013			
<u>ARTICLE VI</u>	I INCORPORATOR			
The name and	address of the Incorporator is:			
Name:	IVAN LOPEZBARRERO			
Address:	4401 E. 11 AVE	<u></u>		
	HIALEAH, FL 33013			
Effective date,	II EFFECTIVE DATE: , if other than the date of filing: e date is listed, the date must be specific and ca		or or 90 days after the	
Note: If the d	ate inserted in this block does not meet the applica s effective date on the Department of State's recoi		this date will not be listed as	
Having been certificate, I	named as registered agent to accept service of proc on familiar with and accept the appointment as reg	ess for the above stated corporation pistered agent and agree to act in th	n at the place designated in this his capacity	
	Required Signature/Registered Agent		Date	
I submit this document to t	document and affirm that the fucts stated herein the Department of State constitutes of third degree f	are true. I am aware that the fal elony as provided for in s.817.155,	ise information submitted in a F.S.	
Required Sign	nature/Incorporator	Date	e	