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To:					
	Division of Corporations Fax Number : (850)617-638				
	Fax Number : (850)617-638	1			
From:					
	Account Name : KIJOENNA SER Account Number : I20080000033	VICES INC			
	Phone : (305)644-305	5			
	Fax Number : (305)644-305				20:
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Jun. 8. 2022 3:14 Department of State.	ÇOVE.	RLETTER ,		. 1179 P F	. ó		
New Filing Section Division of Corpora P. O. Box 6327 Tallahassee, FL 323	tions						
SUBJECT:	EPIC FLOWER DESIGNER I						
	(PROPOSED CORPORA	TE NAME – <u>MUST IN</u>	CLUDE SUFFIX)	-		
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation	and a check for	: 			
X \$70.00		□ \$78.75	□ \$87.50				
Filing Fee	Filing Fce	Filing Fee	Ų				
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		(Printed or typed)		FH 2003	ם ב ב		
	2141 SW 1 ST SUITE 110 Address						
	MIAMI, FL 33135						
	City, State & Zip						
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NOTE: Please provide the original and one copy of the articles.

Jun. 8. 2022 8:14AM

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No. 1179 P. 7

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

508 PAUL ST	Principal street address	•	address, if different is:
ALDWIN. NY 11510			
<u>YCLE III PURPO</u> purpose for which th	e corporation is organized is:	ANY AN ALL LAWFULL BUSINES	SS
<u> </u>			
TICLE IV SHARL	stock is:	~	
number of shares of s <u>ICLE V INITIA</u>		TORS P Name and Title:	2012 1.A.I.
number of shares of s <u>ICLE V INITIA</u>	L OFFTCERS AND/OR DIREC	P Name and Title:	JUN
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number of shares of s <u>ICLE V INITIA</u> Name and Title Address	LOFFTCERS AND/OR DIREC LUIS ANTONIO ALVAREZ 1508 PAUL ST BALDWIN NY 1151	P Name and Title: Address:	JUN - 8 PH 2:0
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number of shares of s <u>ICLE V INTIA</u> Name and Title Address Name and Title; Address	LOFFTCERS AND/OR DIREC	P Name and Title: Address:	1111 - 8 PH 2:09
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Juni. 8. 2022 8 Name and 1) :		Name and Title:		No. 1179		
Address			Address:		-		
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						,,	
	E <u>GISTERED AGENT</u> ida street address (P.O. Box NOT a	cceptable) of	the registered agent is	5:			
Name:	ENNA DIEPPA						
Address:	2141 SW 1 ST STE 110						
	MIAMI FL 33135						
<u>ARTICLE VII IN</u>	CORPORATOR						
The <u>name and add</u>	ress of the Incorporator is:						
Name:	ENNA DIEPPA						
Address:	2141 SW 1 ST STE 110					20	
	MIAMI FL 33135					- NNF 2202	
	FFECTIVE DATE: her than the date of filing:	06/07/2022	(OPTI	ONAL)		8	11
(If an effective dat filing.)	her than the date of filing: te is listed, the date must be specifi	ic and canno	t be more than five	days prio	r or 90 days		the
	nserted in this block does not meet th active date on the Department of Sta		statutory filing requi	rements, tl		-	listed as

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

<u>Required Signature/Registered Agent</u>

06/07/2022

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.

Required Signature/Incorporator

Date 06/07/22