

6/15/22, 9:28 AM

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Division of Corporations
 Florida Department of State
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CORPORATIONS
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**FLORIDA PROFIT/NON PROFIT CORPORATION
 WOW CHASING DREAMS CORP**

Certificate of Status	0
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Page Count	03
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AS

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: WOW CHASING DREAMS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1100 MADRID STCORAL GABLES, FL 33134**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MAGDALENA ZABALA (P)

Name and Title: _____

Address 1100 MADRID ST

Address: _____

CORAL GABLES, FL 33134

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: MAGDALENA ZABALA

Address: 1100 MADRID ST

CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MAGDALENA ZABALA

Address: 1100 MADRID ST

CORAL GABLES, FL 33134

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/ Magdalena Zabala

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/ Magdalena Zabala

Required Signature/Incorporator

Date