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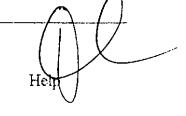
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FLORIDA PROFIT/NON PROFIT CORPORATION LIAGNAO INC.

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To:

ARTICLES OF INCORPORATION

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

The name of the corporati	on shall be: LIAGNAO INC.	·····			
ARTICLE II PRINC	<i>IPAL OFFICE</i> Principal <u>street</u> address	Mailing add	Mailing address, if different is:		
2665 SOUTH BAYSHOR	RE DR STE 703				
MIAMI, FL 33133					
ARTICLE III PURPO The purpose for which the	SF le corporation is organized is: ANY AND	ALL LAWFUL BUSINESS			
			2025		
			2022 JUN		
			AM 9: 33		
			101. 115.		
	•		33		
	L OFFICERS AND/OR DIRECTORS LUISA RIPOLL (P/D/S)	Name and Title:			
Address		• .l.l			
	MIAMI, FL 33133				
Name and Title:		Name and Title:			
Address		_ Address:			
		- -			
Name and Title:		Name and Title:			
Address		Address:			
		_			

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Address		Address:		
		<u> </u>		
		<u> </u>		
ARTICLE VI I	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	of the registered agent is:		
Name;	WORLD CORPORATE SERVICES, INC.		· 15-20	
Address:	2665 SOUTH BAYSHORE DR STE 703	۲۰۱۲	022	
	MIAMI, FL 33133	- XII	1 L. 1022 JUN 20 JEURI (208)	
			20	
	<u>NCORPORATOR</u>	<u>, </u>		
The <u>name and address</u> of the Incorporator is:			15 15 15 15 15 15 15 15 15 15 15 15 15 1	
Name:	LUISA RIPOLL	-	² = 3	
Address:	2665 SOUTH BAYSHORE DR STE 703	_		
	MIAMI, FL 33133	<u> </u>		
Effective date, if of (If an effective date) Note: If the date	EFFECTIVE DATE: other than the date of filing: tte is listed, the date must be specific and cannot inserted in this block does not meet the applicable fective date on the Department of State's records.	of he more than five days prior or 90 days: statutory filing requirements, this date will n		
Having been name certificate, I om fa	ed as registered agent to accept service of process f miliar with and accept the appointment as registed	or the above stated corporation at the place de red agent and agree to act in this capacity	signated in this	
****	Required Signature/Registered Agent	June 15	5,2022 ate	
I submit this docu	ment and affirm that the facts stated herein are	true. I am aware that the false information	submitted in a	
-WHARM	epartment of State constitutes a third degree felon		2 10:13 AM PDT	
स्टक्तांस्थि डीड्रीबर्धाः	Incorporator	Date		