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To:

ARTICLES OF INCORPORATION

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

RTICLE I NAME to name of the corporation	on shall be: TRIPLE STEP COMMUNITY	INC		
TICLE II PRINC			Mailing address, if different is:	
91 E 6TH PL				
IALEAH, FL 33010				
TICLE III PURPO e purpose for which th	 -			
	stock is: 100 I. OFFICERS AND/OR DIRECTORS	<u></u>	2023 JUL 	
Name and Title	CMAR NARANJO DEL RIO (P)	Name and Title:	7	
Address	731 E 6TH PL	Address:		
	HIALEAH, FL 33010		<u>۷ : </u>	
				
Name and Title:		_ Name and Title:		
Address		Address:		
Name and Title:		Name and Title:		
Address		Address:		

Name and	Title:	Name and Title:		
Address	<u> </u>	Address:		
	<u>FGISTERED AGENT</u> <u>-ida street address</u> (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	OMAR NARANJO DEL RIO			
Address:	731 E 6TH PL	-		
	HIALEAH, FL 33010	-		
ARTICLE VII II	NCORPORATOR			
The name and add	ress of the Incorporator is:			
Name:	OMAR NARANJO DEL RIO			
Address:	731 E 6TH PL	-		2
	HIALEAH, FL 33010		<u>.</u> .	2023 JUL
ARTICLE VIII - B	FFECTIVE DATE:		-	
	her than the date of filing:	. (OPTIONAL)	- ^> (<i>∨</i> :
(If an effective dat	e is listed, the date must be specific and canno	t be more than five days prior or 90	days after	thus-
filing.)			70:	<u> </u>
Make Toske Jeseli			77) 77	~ .
	aserted in this block does not meet the applicable ective date on the Department of State's records.	statutory filing requirements, this date	Will-not be	: listed as
are coordinate by the	saire saire on the preparations of Saire 5 reserves.			
	d as registered agent to accept service of process fo niliar with and accept the appointment as register			ated in this
/s/ Oma	n Nananjo Del Rio Required Signature/Registered Agent			
	Required Signature/Registered Agent	·	Date	
I submit this docu	nent and affirm that the facts stated herein are	true. I am aware that the false inform	nation subs	nitted in o
	partment of State constitutes a third degree felon			
lat Omno	Naranio Del Ria			
Required Signature	Naranjo Del Rio	Date		