Florida Department of State

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To:

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

he name of the corpor	CIPAL OFFICE		
	Principal street address	Mailing address, if di	fferent is:
99 Ponce de Leo Coral Gables, FL	n Blvd Ste 935,	999 Ponce de Leon Blvd Coral Gables, FL 33134	l Ste 935,
oral Gables, 1 L	55154	COTAL CADIES, 1 L 33134	<u> </u>
			
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he purpose for which	the corporation is organized is: ANY AN	D ALL LAWFUL BUSINESS	
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	EGISTERED AGENT ida street address (P.O. Box NOT acceptable) o	f the registered ag	ent is:		
Name:	Myriam C. Gonzalez, PA	<u>.</u>			
Address:	999 Ponce de Leon Blvd Ste 935	_			
-	Coral Gables, FL 33134	_			
	CORPORATOR ress of the Incorporator is:				·
Name:	Juan Carlos Jasso Esquivel		•	20	
Address:	999 Ponce de Leon Blvd Ste 935			22 J	
	Coral Gables, FL 33134	· · · · · ·		JL 22	<u>.</u>
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certificate, I am fan	as registered agent to accept service of process juiliur with and accept the appointment as register	or the above state red agent and agr	ed corporation at the place to act in this capaci	ace designated in this ty	
/	s/Myriam C. Gonzalez				
	Required Signature/Registered Agent			Date .	
I submit this docum document to the Dep	ment and affirm that the facts stated herein are partment of State constitutes a third degree felon	true. I am awar y as provided for	e that the false inforn in s.817.155, F.S.	nation submitted in a	
Required Signature	Carlos Jasso Ciquivel		Date		