

To:

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2022-08-04 14:13:02 GMT

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From: Yanet Avila

8/4/22, 9:58 AM

Division of Corporations

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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
ADRIS RR CORP

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Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ADRIS RR CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

18702 NW 32 CTMIAMI GARDENS, FL 33056**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: LUZ ADRIANA REYES RODRIGUEZ (P) Name and Title: _____Address 18702 NW 32 CT Address: _____MIAMI GARDENS, FL 33056

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: LUZ ADRIANA REYES RODRIGUEZ
 Address: 18702 NW 32 CT
MIAMI GARDENS, FL 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUZ ADRIANA REYES RODRIGUEZ
 Address: 18702 NW 32 CT
MIAMI GARDENS, FL 33056

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.)

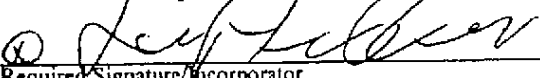
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


 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.


 Required Signature/Incorporator

 Date

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