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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
PARAGON MOTORS CORP

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

JS

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

ARTICLE I NAME

The name of the corporation shall be: PARAGON MOTORS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

5543 SW 164 AVE
MIAMI, FL 33185

Mailing address, if different is:

5543 SW 164 AVE
MIAMI, FL 33185

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: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KIRENIA GONZALEZ - P

Name and Title: _____

Address 5543 SW 164 AVE
MIAMI, FL 33185

Address: _____

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 AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: KIRENIA GONZALEZAddress: 5543 SW 164 AVE
MIAMI, FL 33185**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: KIRENIA GONZALEZAddress: 5543 SW 164 AVE
MIAMI, FL 33185**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/ Kirenia Gonzalez
Required Signature/Registered Agent08/16/2022
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/ Kirenia Gonzalez
Required Signature/Incorporator08/16/2022
Date

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