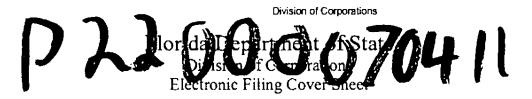
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(((H22000315530 3)))



H220003155303ABCV

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC

Account Number : I20200000102 Phone : (954)998-1035 Fax Number : (954)573-1480

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

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ARTICLES OF INCORPORATION

H220003155303

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

<i>LE II PRINCII</i> P	rinoipal <u>street</u> address		Mailing address, i	f different is:	
SW 14TH ST		<u> </u>			
MI, FL 33145					
LE III PURPOS pose for which the	SE corporation is organized is:	ANY AND ALL LAY	VFUL BUSINESS		
					 :-
					.15
			:		<u>-</u> .
ber of shares of st	ock is: 100 OFFICERS AND/OR DIREC				
The V INITIAL Name and Title:	ock is: 100	O PRESIDENT Name and Til			
mber of shares of st LE V INITIAL	OCK IS: 100 OFFICERS AND/OR DIRECT WILFREDO FUENTES CLAR 2919 SW 14TH ST MIAML FL 33145				
Name and Title:	OCK IS: 100 OFFICERS AND/OR DIRECT WILFREDO FUENTES CLAR 2919 SW 14TH ST MIAML FL 33145	O PRESIDENT Name and Tit Address:			·
The V INITIAL Name and Title: Address	OCK IS: 100 OFFICERS AND/OR DIRECT WILFREDO FUENTES CLAR 2919 SW 14TH ST MIAML FL 33145	O PRESIDENT Name and Tit Address:	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
The V INITIAL Name and Title: Address	OFFICERS AND/OR DIRECT WILFREDO FUENTES CLAR 2919 SW 14TH ST MIAMI, FL 33145	O PRESIDENT Name and Tit Address:	· · · · · · · · · · · · · · · · · · ·		2922 S
The V INITIAL Name and Title: Address Name and Title: Name and Title:	OFFICERS AND/OR DIRECT WILFREDO FUENTES CLAR 2919 SW 14TH ST MIAMI, FL 33145	O PRESIDENT Name and Tit Address: Name and Tit	· · · · · · · · · · · · · · · · · · ·		2822 SEP
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Name and Title: Name and Title: Address Address	OFFICERS AND/OR DIRECT WILFREDO FUENTES CLAR 2919 SW 14TH ST MIAMI, FL 33145	O PRESIDENT Name and Tit Address: Name and Tit Address:	ile:		2022 SEP 2 AH
The V INITIAL Name and Title: Address Name and Title: Name and Title:	OFFICERS AND/OR DIRECT WILFREDO FUENTES CLAR 2919 SW 14TH ST MIAMI, FL 33145	O PRESIDENT Name and Tit Address: Name and Tit Address:	ile:		2022 SEP 2

09/12/22 01:56PM PDT TPBS Corp -> Florida Department of Stat 18506176381 Pg 4/4 H220003155303

Name and T	ide:	Name and Title:
Address		Address:
	GISTERED AGENT ida street address (P.O. Box NOT acceptabl	e) of the registered agent is:
Name:	WILFREDO FUENTES CLARÓ	
Add re ss:	2919 SW 14TH ST	
-	MIAMI, PL 33145	
ARTICLE VII IN	CORPORATOR	
The <u>name and addr</u>	ress of the Incorporator is:	
Name:	WILFREDO FUENTES CLARO	
Address:	2919 SW 14TH ST	
	MIAML FL 33145	
Effective data, if ot (If an effective dat filing.) Note: If the date in		able statutory filing requirements, this date will not be listed as
Having been names certificate, I am fap	d as registered agent to accept service of produlitar with and accept the appointment as required Registered Agent	ess for the above stated corporation at the place designated in this ristered agent and agree to act in this capacity 39/09/2022 Date
I submit this docu document to the Da	1	are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
Required Signature	Vincorporato	Date SEP 1
		H220003155305D