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From:

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Account Number : 120150060109 Phone : (561)544-8862 Fax Number : (954)697-0130

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Email Address: sales@eloenterprises.us

FLORIDA PROFIT/NON PROFIT CORPORATION

JM & M, CORP

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September 20, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

ELO ENTERPRISES, INC

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Dil Sultana
Regulatory Specialist II
New Filings Section

 $e^{-\Delta T/(2HQP)}$

FAX Aud. #: H22000323305 Letter Number: 922A00020945

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

TICLE II PRIN	CIPAL OFFICE			
	Principal street address		Mailing address, if	different is:
1951 Royal Oaks Ln	- Apt 809	. 		
eth Missen, FL 33181				
TICLE III PURI	OSE.			
e purpose for which	the corporation is organized is: Any as	nd all lawful business.		
			.,	·
•				
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	<u> </u>			
TICLE IV SHA	RES			
TICLE IV SHA	RES of stock is: 1000			
		 		
number of shares of				-
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Name and Tit Address Address	of stock is: 1000 IAL OFFICERS AND/OR DIRECTOR tle: MARIANNE DUARTE HARTUN 14951 Royal Oaks Ln - Apt 809 North Miami, FL 33181 Ic: JOAO MARCELO DANTAS REIMAO 14951 Royal Oaks Ln - Apt 809 North Miami, FL 3318:	S G-P Name and Title: Address: Name and Title: Address: Address:		

Name and T	itle:	Name and Title:
Address		Address:
		<u> </u>
	•	
ARTICLE VI REC	GISTERED AGENT	
The name and Florid	la street address (P.O. Box NOT acceptable) of	the registered agent is:
Name: <u>E</u>	ILO ENTERPRISES, INC.	•
Address: 4	700 NW Boca Raton Blvd #202	<u>.</u>
_1	Boca Raton, FL 33431	and the second of the second o
ARTICLE VII INC	CORPORATOR	
The name and addre	ss of the Incorporator is:	20
Name:	MARIANNE DUARTE HARTUNG	
Address:	14951 Royal Oaks Ln - Apt 809	2: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:
	North Miami, FL 33181	
Effective date, if other	is listed, the date must be specific and canno	. (OPTIONAL) It be more than five days prior or 90 days after the
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the document's effec	tive date on the Department of State's records.	· · · · · · · · · · · · · · · · · · ·
	•	
Having been named a certificate, I am famil	is registered agent to accept service of process fo liar with and accept the appointment as registere	or the above stated corporation at the place designated in this d agent and agree to act in this capacity
	Hipedakinif	09/16/2022
	Required Silvanire Registered Agent	Date
I submit this docume document to the Dep	ent and affirm that the facts stated herein are artment of State constitutes a third degree feloi	true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
	4	09/16/2022
Required Signature/I	ncorporator	Date