

9/27/22, 10:35 AM

Division of Corporations

P 22 000074589

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
PERFILES LM SA DE CV 3 CORP

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 62 ~~N~~F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: PERFILES LM SA DE CV 3 CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8450 NW 102ND APT: 445

DORAL, FL 33178

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: Javier Trinidad Marquez Bustos (P)

Name and Title: _____

Address 8450 NW 102ND

Address: _____

APT: 445

DORAL, FL 33178

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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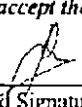
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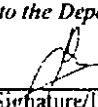
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Javier Trinidad Marquez BustosAddress: 8450 NW 102ND APT: 445DORAL, FL 33178**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Javier Trinidad Marquez BustosAddress: 8450 NW 102ND APT: 445DORAL, FL 33178**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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FD