Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| | NOT hit the REFRESH/RELOAD button on your browser from so will generate another cover sheet. | E ₽ ≈ |
|-------|--|---------------------|
| To: | | OCT AH |
| | Division of Corporations | - 352 T |
| | Fax Number : (850)617-6381 | 3S: XX |
| From: | | F A |
| | Account Name : LAZARUS CORPORATE FILING SERVICE, INC Account Number : 120000000019 | |
| | Phone : (305)552-5973 | 5~ 2 |
| | Fax Number : (305)675-5944 | 7- |

FLORIDA PROFIT/NON PROFIT CORPORATION RILL ENTERPRISES, CORP

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

M

2022 CCT -3 PH 5: 09

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

| | RILL ENTERPRISES, CORP |
|-----------------|--|
| | ARTICLE II PRINCIPAL OFFICE: |
| | The principal street address and mailing address is: |
| - | 5901 NW 151 ST |
| | SUITE # 201 |
| | MIAMI, FL 33014 |
| | |
| ARTICLE III | SHARES: The number of shares of stock is: 100 |
| A DEPLOY | ~ |
| ARTICI | EIV INITIAL DIRECTORS AND/OR OFFICERS: |
| | LYNSAY REYES REYES (PRESIDENT) |
| <u> </u> | |
| | |
| | 70. |
| | |
| | <u> </u> |
| | |
| | |
| ARTICLEV | INITIAL REGISTERED AGENT AND STREET ADDRESS: |
| The name and Fl | orida street address (PO Box not acceptable) of the registered agent is: |
| | LYNSAY REYES REYES |
| | 5901 NW 151 ST SUITE # 201 |
| | MIAMI, FL 33014 |
| | |
| ARTICLE VI | INCORPORATOR: The name and address of the Incorporator is: |
| | LYNSAY REYES REYES |
| | 5901 NW 151 ST SUITE # 201 |
| | MIAMI, FL 33014 |
| | |

Required Signatures:

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

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.

Incorporator

2022 OCT -4 AH IO: OT