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D. O'KEEFE DEC - 8 2022

COVER LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 PINE PLAZA CORP. SUBJECT: Enclosed is an original and one (1) copy of the Articles of Domestication and a check: FEES: Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total filing fee \$128.75 OPTIONAL: \$ 8.75 Certificate of Status From: Kenneth P. Wurtenberger, Esq. Name (printed or typed) 7900 Peters Road, Suite B-200 Address Fort Lauderdale, FL 33324 City, State & Zip 954-376-5952 Daytime Telephone Number KKNHXXNKEgwHXXXXXXXXXXX GLMarant@gmail.com E-mail address: (to be used for future annual report notification)

Articles of Domestication Foreign Corporation Domesticating to Florida

THE U	idelsighed,reter nesz	Flesident			
	(Name)	(Title)			
of	Pine Plaza Corp., S.A.	, a foreign			
	ration, in accordance with s. 607.11922, Floriestication.	da Statutes, submit these Articles of			
1.	Then name of the domesticating corporatio	nis <u>Pine Plaza Corp., S.A.</u>			
		(Foreign Corporation)			
2.	The jurisdiction and date of its formation is	Panama 5/11/1981			
3.	The name of the domesticated corporation	is Pine Plaza Corp.			
4.	The jurisdiction of formation of the domest	icated corporation is FlorIda			
5.	 The domestication corporation is a foreign corporation and the domestication was approved in accordance with its organic law. 				
6.	5. Attached are Florida Articles of Incorporation to complete the domestication requirements pursuant to s.607.0202, F.S.				
l certi	fy I am authorized to sign these Articles of Do	mestication on behalf of the corporation.			
	(Autho	orized Signature)			

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ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME			
THE NAME OF THE CORPORATION SHALL BE:			
PINE PLAZA CORP.		_	
ADDICE II DDIVICEDAL ORDICO			
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDR	ESS IS:		
Principal Address 8960-8998 Taft Street	Mailing Address P.O. Box 292315		
Pembroke Pines, FL 33024	Davie, FL 33329	141-	2022
		NA NA	NOV 2
		335	22
ARTICLE III PURPOSE		15	7
THE PURPOSE FOR WHICH THE CORPORATION IS O All business permitted under Florida		- 1/6-1: - 1/6-1:	12: 06
ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: 100			
			
	T AND STREET ADDRESS	10000000 + 4001	-
THE <u>NAME AND FLORIDA STREET ADDRESS</u> (P.O.	BOX NOT ACCEPTABLE) OF THE REGI	STERED AGEN	T IS:
Marant & Associates, Inc.	_		
5870 SW 36 Terrace			
Fort Lauderdale, FL 33312	_		
	_		
HAVING BEEN NAMED AS REGISTERED AGENT A			
ABOVE STATED CORPORATION AT THE PLACE DI WITH AND ACCEPT THE APPOINTMENT AS REGIS	· ·		4R
CAPACITY. /	TERED AGENT AND AGREE TO AC.	in inio	
1/2/1/1/1	0 4 -00		
Signature/Registered Agent	<u> </u>	1/10/2022	
organica chicerator or URCIII	Date		

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Address: Address	Name & Title:	Peter Hesz (P/D)	Name & Title:	Caroline Hesz (D)			
Name & Title: Name & Title: Address: Name & Title: Address: Name & Title: Address: Name & Title: Address: Address: Address: Name & Title: Address: Address: Address: Name & Title: Address: Name & Title: Name & Titl	Address:	7 Coombe Ridings	Address:	7 Coombe Ridings			
Name & Title:		Kingston Surrey		Kingston Surrey			
Address: Name & Title: Address: Address: Address: Name & Title: Address: Name & Title: Name & Title: Name & Title: Name & Title: Address: Address: I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a.817.155.F.S.		England KT2-7JT		England KT2-7JT			
Name & Title: Address: Address: Name & Title: Address: Address: Address: I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a.817.155.F.8.	Name & Title:		Name & Title:				
Address: Address:	Address:		Address:				
Address: Address:							
Name & Title: Name & Title: Address: Address: Address: Address: Address: Address: Address: I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a.817.155.F.S.	Name & Title:		Name & Title:				
Name & Title: Address: Address: Address: Address: I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a.817.155.F.8.	Address:		Address:	2 0 22			
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I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a.817.155.F.S. 11/10/2022	Address:		Address:	1. (a) 1.			
information submitted in a document to the Department of State constitutes a third degree felony as provided for in a.817.155.F.S. Nat L. Marat, Alkert For coar 11/10/2022			-				
information submitted in a document to the Department of State constitutes a third degree felony as provided for in a.817.155.F.S. No. 2. Marat, Alkert For coar 11/10/2022			-				
	information submitted in a document to the Department of State constitutes a third degree felony as						
	Signature/Author						