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(City/State/Zip/Phone #)

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October 4, 2022

To Whom It May Concern:

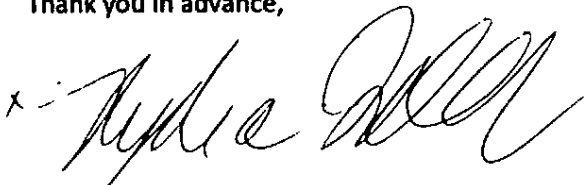
REF: FACHETTA, INC.

My name is Nydia Toledo, I am the President of **Fachetta, Inc.**

At this time I don't want to reinstate this company

Please open the company again using the same name.

Thank you in advance,

A handwritten signature in black ink, appearing to read 'Nydia Toledo', with a small 'x' mark to the left.

Nydia Toledo.
Fachetta, Inc.
President

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ED

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: FACHETTA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8249 W. SUNRISE BLVD.

SAME

PLANTATION, FL. 33322

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NYDIA TOLEDO (P)

Name and Title: _____

Address 8249 W. SUNRISE BLVD.

Address: _____

PLANTATION, FL. 33322

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NYDIA TOLEDO _____

Address: 8249 W. SUNRISE BLVD. _____

PLANTATION, FL. 33322 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NYDIA TOLEDO _____

Address: 8249 W. SUNRISE BLVD. _____

PLANTATION, FL. 33322 _____

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

x 
Required Signature/Registered Agent

x 11/20/22
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.

x 
Required Signature/Incorporator

x 11/20/22
Date

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= D