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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| Division of Corporations Fax Number : (850)617-6381 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** | | will generate another cover sheet. | - |
|---|-------------|---|---------------|
| From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** | To: | | |
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| Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** | | Account Number : I200000000019 | |
| **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** | | | |
| annual report mailings. Enter only one email address please.** | | Fax Number : (305)675-5944 | |
| Email Address: | ** | Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: | |
| | | FLORIDA PROFIT/NON PROFIT CORPORATION | |
| FLORIDA PROFIT/NON PROFIT CORPORATION | | DIAZ SOLUTIONS CORP 5. | |
| | | | ~ |

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Electronic Filing Menu

Corporate Filing Menu

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D. O'KEEFE JAN - 4 2023

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

| DIAZ SOLUTIONS ZORP | |
|--|---------------|
| ARTICLE 11 PRINCIPAL OFFICE: | |
| The principal street address and mailing address is: | |
| . 525 SW GTH ET MIAMI FLORIDA | · |
| : 33130 | |
| | - |
| RTICLE III SHARES: The number of shares of stock is: | 0 |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE | RS: |
| YAIMA DIAZ ALVAREZ (P) | <u>)=</u> |
| | A |
| | |
| | |
| | <u> </u> |
| | , <u> </u> |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET A The name and Florida street address (PO Box not acceptable) of the regist YAIMA DIAZ AIVAREZ 52550 6TH CT LIAMI, Florida | ered agent is |
| 33130 | |
| ARTICLE VI INCORPORATOR: The name and address of the Inc | |
| YAIMA DIAZ Alvarez | |
| JAIMA DIAZ ALVAREZ 525 SU GTH ET MIAMI, FLORIDA | |

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

| - 3 rus | |
|------------------|------|
| Registered Agent | Date |

I submit this document and affirm that the facts stated herein are ${\sf tru} \epsilon$. 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.

| The | |
|--------------|------|
| Incorporator | Late |