

1/20/23, 11:31 AM

Division of Corporations
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 Florida Department of State
 Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
LKGC, CORP.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: LKGC, CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

10470 NW 26 ST STE A DORAL, FL 33172**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: LUIZ FERNANDO DE SOUZA CAMPOS (P) Name and Title: _____Address 10470 NW 26 ST STE A

Address: _____

DORAL, FL 33172

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

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: LUIZ FERNANDO DE SOUZA CAMPOS
Address: 10470 NW 26 ST STE A
DORAL, FL 33172

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LUIZ FERNANDO DE SOUZA CAMPOS
Address: 10470 NW 26 ST STE A
DORAL, FL 33172

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

/s/ Luiz Fernando De Souza Campos _____
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.

/s/ Luiz Fernando De Souza Campos _____
Required Signature/Incorporator Date