

P230000006414Florida Department of State
Division of Corporations
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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
BONANZA WHOLESALE CORP

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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2023

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: BONANZA WHOLESALE CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

8933 SW 172 AVEAPT 1217MIAMI, FL. 33196**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

WHOLESALE**ARTICLE IV SHARES**The number of shares of stock is: 100 PER 1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ARMANDO REYES-PRESIDENT Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____

Address: _____

(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ARMANDO REYES
Address: 8933 SW 172 AVE
APT 1217 MIAMI, FL. 33196

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ARMANDO REYES
Address: 8933 SW 172 AVE
APT 1217 MIAMI, FL. 33196

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

ARMANDO REYES

Required Signature Registered Agent

01-25-2023

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.

ARMANDO REYES

Required Signature Incorporator

01-25-2023

Date