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Florida Department of State
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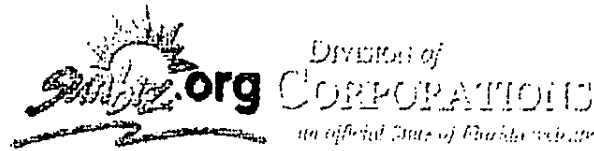
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**FLORIDA PROFIT/NON PROFIT CORPORATION
MARBLE BLACK AND WHITE INC**

Certificate of Status	1
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Page Count	03
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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: Marble black and White Inc

ARTICLE II PRINCIPAL OFFICE

Pablo Andrade Principal street address

Mailing address, if different is:

800 pennsylvania Ave Apt 14
Miami Beach FL 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: maintenance Floor

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pablo Andrade • P Name and Title: _____

Address 800 pennsylvania Ave Address _____
Miami beach, apt # 14 _____
FL 33139 _____

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: Pablo Andrade

Address: 800 Pennsylvania Ave Apt #14
Miami FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pablo Andrade

Address: 800 Pennsylvania Ave Apt #14
Miami Beach FL 33139

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/24/2023 (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

[Signature]
Required Signature/Registered Agent

01/20/2023
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

01/20/2023
Date

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