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| PICK-UP | WAIT MAIL | | | |
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| Certified Copies | Certificates of Status | | | |
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| Special Instructions to F | iling Officer: | | | |
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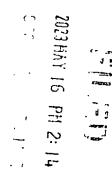
Office Use Only



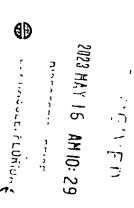
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S. CHATHAM

NAY 17 2023



TO SECULD FOR SECTION #475,05



CORPORATE ACCESS, _____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

| | CERTIFIED COPY | | |
|----|---|----------|-------------------|
| xx | РНОТОСОРУ | | |
| | CUS | | |
| xx | FILING | ARTICLES | |
| | QUINTO ESLABON CORP (CORPORATE NAME AND DOCUM | ENT#) | |
| | (CORPORATE NAME AND DOCUM | ENT 4\ | Effective 5/15/23 |
| | | | |
| | (CORPORATE NAME AND DOCUM | ENT#) | |
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT:QU | INTO ESLABON CORP | | | | |
|-------------------------|--|---|---|--|--|
| | (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) | | |
| Enclosed are an orig | ginal and one (1) copy of the ar | ticles of incorporation and | l a check for: | | |
| S \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee, Certified Copy & Certificate o Status | | |
| | | ADDITIONAL CO | PY REQUIRED | | |
| FROM: | | n Neumann, Esq. e (Printed or typed) | | | |
| | 1000 Bricke | ll Ave., Suite 1100 | | | |
| | Address | | | | |
| | Miami, FL 33131 | | | | |
| _ | City, State & Zip | | | | |
| | (305) 798-8878 | | | | |
| | Daytime Telephone number | | | | |
| | irina@rothpalaw.com | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | |

NOTE: Please provide the original and one copy of the articles.

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

| ARTICLE II PRINCIPAL OFFICE | | | | |
|---|---------------------------------|--|--|--|
| Principal street address | Mailing address, if differe | Mailing address, if different is: 3600 Granada Blvd, Coral Gables, FL 33134 | | |
| 259 Golden Beach Dr., Aventura, FL 33160 | 3600 Granada Blvd, Coral Gables | | | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any ar | nd all lawful business | | | |
| ······································ | | 2023 | | |
| | <u>-</u> | 1 A A | | |
| | | <u></u> | | |
| | 1 | <u> </u> | | |
| | | - | | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: JAIME LACADENA HIGUERA, Directo 3600 Granada Blvd, Coral Gables, FL 331 | 34 | | | |
| Address Sour Granada Bivit, Corai Gables, FL 331 | Address: | | | |
| Name and Title: | Name and Title: | | | |
| Address | Address; | | | |
| | | | | |
| | | | | |
| Name and Title: | Name and Title: | | | |
| Name and Title:Address | | | | |

| Required Signat | ure/Incorporator | | Date |
|----------------------------------|--|---|---|
| < | £5 | · | May 12, 2023 |
| I submit this do document to the | ocument and affirm that the facts stated herein ar Department of State constitutes a third degree felo | e true. I am aware that the my as provided for in s.817.1 | false information submitted in a 55, F.S. |
| | Required Signature/Registered Agent | | Date |
| certificate, l am | familiar with and accept the appointment as regist | jor the above statea corpora ered agent and agree to act i | non at the place designated in this n this capacity: 05/09/2023 |
| Having been na | med as registered agent to accept service of process | for the above stated corpora | tion at the place designated in thi |
| Note: If the dat the document's | te inserted in this block does not meet the applicab effective date on the Department of State's record | le statutory filing requirements. | nts, this date will not be listed as |
| Effective date, i | if other than the date of filing: date is listed, the date must be specific and came | (OPTIONA not be more than five days | |
| | | _ | |
| Address: | 3600 Granada Blvd, Coral Gables, FL 33134 | _ | 2: 14 |
| Name: | JAIME LACADENA HIGUERA | _ | |
| The <u>name and a</u> | address of the Incorporator is: | | (C) |
| <u>ARTICLE VII</u> | INCORPORATOR | | 2023 HAY SECA |
| | Miami, Fl. 33131 | _ | 202: SET |
| Address: | 1000 Brickell Ave , Suite 1100 | <u> </u> | |
| Name: | Roth Private Advising Law | <u> </u> | |
| ARTICLE VI The name and | <u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) | of the registered agent is: | |
| | | | |
| | | | |
| .Addre: | | | |
| Name a | and Title: | Name and Title: | |