

Florida Department of State
 Division of Corporations
 Accounting and Reporting Services
P23000042702

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To:

Division of Corporations
 Fax Number : (850)617-6381

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**FLORIDA PROFIT/NON PROFIT CORPORATION
 MASTER TOOL USA CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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CORPORATIONS
 COMMERCIAL
 SERVICES

FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FL

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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: MASTER TOOL USA CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal street address920 SW 36th COURT SUITE 4MIAMI, FL 33135

Mailing address, if different is:

920 SW 36th COURT SUITE 4MIAMI, FL 33135**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: SHARES: 200 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: FREDY ORLANDO MATIZ RODRIGUEZ - PD

Name and Title: _____

Address 920 SW 36th COURT SUITE 4

Address: _____

MIAMI, FL 33135

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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TALLAHASSEE FL

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: FREDY ORLANDO MATIZ RODRIGUEZ
Address: 920 SW 36TH COURT SUITE 4
MIAMI, FL 33135

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: FREDY ORLANDO MATIZ RODRIGUEZ
Address: 920 SW 36TH COURT SUITE 4
MIAMI, FL 33135

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

Required Signature/Registered Agent Date
06/01/2023

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.

Required Signature/Incorporator Date
06/01/2023

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