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		CERTIFIED COPY				
	XX	РНОТОСОРУ	 -			
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	XX	FILING	_DO!	MIESTICATION		
1.		ELSAR S.A.				
		(CORPORATE NAME AND DOCU	MENT #)			
2.						
		(CORPORATE NAME AND DOCU	MENT #)			_
3.						
2.		(CORPORATE NAME AND DOCU	MENT #)			
4.						
7.		(CORPORATE NAME AND DOCU	MENT #)			
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<i>3</i> .		(CORPORATE NAME AND DOCU	MENT #)			
6.						
υ.	-	(CORPORATE NAME AND DOCU	MENT #)			
SPEC		L CTIONS:				

Articles of Domestication Foreign Corporation Domesticating to Florida

The ur	ndersigned,	SARA COHEN DE EZAGURY	DIRECTO	R and PRESIDENT	
		(Name)		(Title)	
corpo	SAR S.A. ration, in ac	cordance with s. 607.11922, Florida S	Statutes, su	, a foreign bmit these Articles of	
			EIGADG	٨	
1.	Then nam	en name of the domesticating corporation is <u>ELSAR S.A.</u> (Foreign Corporation)			
2.	The jurisdi	iction and date of its formation is Pa	nama	February 5, 2004	
3.	3. The name of the domesticated corporation is ELSAR REAL CORP.				
4.	The jurisdi	iction of formation of the domesticat	ed corporat	ion is Florida	
5.		stication corporation is a foreign corpin accordance with its organic law.	ooration and	d the domestication was	
6.		are Florida Articles of Incorporation to ents pursuant to s.607.0202, F.S.	o complete	the domestication	
l certif	fy I am auth	orized to sign these Articles of Dome	le Exour		

2023 1 166 3:

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME			
THE NAME OF THE CORPORATION SHALL BE	:		
ELSAR REAL CORP.			
ADTICIT II DDINCIBAL OFFIC	* C *		
THE PRINCIPAL PLACE OF BUSINESS/MAILIN			
Principal Address	Mailing Address		
20281 E COUNTRY CLUB DR APT 1605	20281 E COUNTRY CLUB DR AP	T 1605	
AVENTURA, FL 33180	AVENTURA, FL 33180		
ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: 500)		
	AGENT AND STREET ADDR		0.D. III. 10.
THE NAME AND FLORIDA STREET ADDRES	<u>S</u> (P.O. BOX NOT ACCEPTABLE) OF THE	S REGISTERED A	IGENT IS:
Rozencwaig & Nadel, LLP			
301 W. Hallandale Beach Blvd	<u> </u>		
Hallandale Beach Ft. 33009			
HAVING BEEN NAMED AS REGISTERED A ABOVE STATED CORPORATION AT THE PL WITH AND ACCEPT THE APPOINTMENT AS CAPACITY.	ACE DESIGNATED IN THIS CERTIFIC	cate, I am fan	
	<u> </u>	06/03/2023	<u></u>
Signature/Registered Agent		Date	ัย23

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: Name & Title: D/P SARA COHEN DE EZAGURY Name & Title: D/VP RAQUEL EZAGURI BELFORT 20281 E COUNTRY CLUB DR 20281 E COUNTRY CLUB DR Address: Address: APT 1605. APT 1605. AVENTURA, FL 33180 AVENTURA, FL 33180 Name & Title: D/S DAVID EZAGURY COHEN Name & Title: D/T CAROLINA EZAGURI COHEN 20281 E COUNTRY CLUB DR 20281 E COUNTRY CLUB DR Address: Address: APT 1605. APT 1605. AVENTURA, FL 33180 AVENTURA, FL 33180 Name & Title: Name & Title: Address: Address: Name & Title: Name & Title: Address: Address: I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided feein s.817.155.F.S. 06/06/2023 sed Signature) Date