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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

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1.		13350 SW 91 TERRAC		ORP		
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ARTICLES OF INCORPORATION

ARTICLE I. NAME

The name of this Corporation is 13350 SW 91 Terrace #E Corp (the "Corporation").

ARTICLE II. PRINCIPAL OFFICE

The street address of the principal office of the Corporation is: 13350 SW 91 Terrace #E, Miami, Fl 33186.

The mailing address of the principal office of the Corporation, if different, is: 13350 SW 91 Terrace #E Miami, Fl 33186.

ARTICLE III. SHARES

The total number of shares of stock the Corporation is authorized to issue is One Thousand Two Hundred Shares (1200) with a par value of \$1.00 per share.

ARTICLE IV. PURPOSE

The purpose for which the corporation is organized is for any and all lawful purposes permitted in the State of Florida and the United States of America.

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Laura Maria Campos, President Name and Title: Maria Luisa Campos, Secretary

Address: 13350 SW 91 Terrace #E Miami Fl 33186 Address: 13350 SW 91 Terrace #E Miami, Fl 33186

Name and Title: Andres Campos Caserza, Vice President

Address: 13350 SW 91 Terrace #E Miami, FI 33186

ARTICLE VI. REGISTERED AGENT

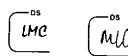
Its registered office in the state of Florida is to be located at 13350 SW 91 Terrace #E, in the City of Miami, County of Miami-Dade Zip Code 33186. The registered agent in charge thereof is Maria Luisa Campos.

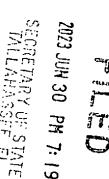
ARTICLE VII. INCORPORATOR

The name and mailing address of the sole incorporator is as follows:

Name: Laura Maria Campos

Mailing Address: 13350 SW 91 Terrace #E, Miami, Fl 33186





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.

BY: X Maria Luisa (ampos (Signature of Registered Agent)

NAME: Maria Luisa Campos

DATE: June , 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 Florida Department of State constitutes a third degree felony as provided for in Fla. Stat. § 817.155.

BY: X Laura Maria Campos (Incorporator)

NAME: Laura Maria Campos

DATE: June , 2023

(type or print)