Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Fax Number : (305)675-5944

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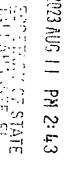
FLORIDA PROFIT/NON PROFIT CORPORATION PLH UNO, INC.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAM	<u>1E</u>				
The name of the corpo	oration shall be: PLH UNO, INC.				
ARTICLE II PRI	NCIPAL OFFICE Principal street address		Mailing address, if different is:		
3015 N.W. 74 ^{TB} AVENUE	E				
MIAMI, FLORIDA 3312	1				
ARTICLE III PUT					
ALL LEGAL PURP					
The purpose for which	th the corporation is organized is: ALL LI	EGAL PURPOSES		<u>. —</u>	
ARTICLE IV SHA	<u>4RES</u> of stock is: 100 SHARES DIVIDED AS F	OLLOWS:			
	HECTOR HUGO MINO,		FS		
	LEONEL VICTORIA,	30 SHAR	ES		
	PAUL AVILES	40 SHAR.	£S		
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR	5			
· · · · · · · · · · · · · · · · · · ·	Title: HECTOR HUGO MINO, PRESIDE		Title: LEONEL VICTORIA, SECRE	TARY	
. Wille Cold	ide. Hear of the do mino, it was a	,	TREASURER, DIR		
Address	3015 N.W. 74 TH AVENUE	Address:	3015 N.W. 74 th AVENUE		
	MIAMI, FLORIDA 33122		MIAMI, FLORIDA 33122		
Name and T	itle: PAUL AVILES	Name and	Title:		
•	DIRECTOR				
Address	3015 N.W.74 TH AVENUE	Address:			
	MIAMI, FLORIDA 33122				
			2023 F.S.		
			AUG AUG	ال	
			en e	, 1525 1	
			ნექ — თებ - თ	T	
			PM 2: CESE SEE		

The name and	REGISTERED AGENT Florida street address (P.O. Box NOT ac	ceptable) of the registered agent is:	:
Name:	HECTOR HUGO MINO		
Address:	3015 N.W. 74 TH AVENUE		70
	MIAMI, FLORIDA 33122		1 2023 v 2023 v
ARTICLE VII	INCORPORATOR		
The name and	address of the Incorporator is:		P P P
Name:	HECTOR HUGO MINO		PM 2: 44 OF STATE SEE, FL
Address:	3015 N.W. 74 TH AVENUE		
	MIAMI, FLORIDA 33122		
filing.) Note: If the dat	of other than the date of filing: AUGUST State is listed, the date must be specific the inserted in this block does not meet the effective date on the Department of State	and cannot be more than five d	ays prior or 90 days after the
Having been na certificate, I am	med as registered agent to accept service of familiar with and accept the appointmen	Fprocess for the above stated corport tas registered agent and agree to	poration at the place designated in this act in this capacity
	Required Signature/Registered	\gent	
I submit this do document to the	cument and affirm that the facts stated h Department of State constitutes a third d	erein are true. I am aware that t egree felony as provided for in s.l	the fals: information submitted in a 817.155, F.S.
Required Signati	ure/Incorporator/		Date (X/V)/2.)