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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ALEX PINA CO.
Account Number : 120190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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**FLORIDA PROFIT/NON PROFIT CORPORATION
NG & V SUPPLY CORP**

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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: **NG & V SUPPLY CORP****ARTICLE II PRINCIPAL OFFICE**Principal street address
8400 NW 36th St Ste 450

Mailing address, if different is:

Doral, FL 33166**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: **Any And All Lawful Purpose.****ARTICLE IV SHARES**The number of shares of stock is: **10,000****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Marian J Gonzalez Aguirre - President**Name and Title: **Marcos J Nava Chavez - Vicepresident**Address: **8400 NW 36th St Ste 450**Address: **8400 NW 36th St Ste 450****Doral, FL 33166****Doral, FL 33166**

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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Name and Title:

Name and Title:

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Address:

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

ALEX PINA CO.

Address:

8400 NW 36th St Ste 450**Doral, FL 33166****ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name:

Marian J Gonzalez Aguirre

Address:

8400 NW 36th St Ste 450**Doral, FL 33166****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*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

08/18/2023

Date

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OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FL

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