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Division of Corporations

Florida Department of State
 Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
 LISANDRA ABA INC**

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LISANDRA ABA

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Help

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

ARTICLE I NAMEThe name of the corporation shall be: LISANDRA ABA INC**ARTICLE II PRINCIPAL OFFICE**Principal street address:

Mailing address, if different is:

5638 BANANA RD WEST PALM BEACH, FL 33413**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LISANDRA SILVA SUAREZ (P) Name and Title:Address 5638 BANANA RD Address:
WEST PALM BEACH, FL 33413

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

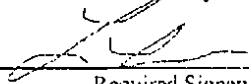
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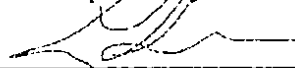
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: LISANDRA SILVA SUAREZAddress: 5638 BANANA RD
WEST PALM BEACH, FL 33413**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: LISANDRA SILVA SUAREZAddress: 5638 BANANA RD
WEST PALM BEACH, FL 33413**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 Agent09/07/23
Date*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/Incorporator09/07/23
Date