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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : DOCUMENT SERVICES LLC
Account Number : 120230000051
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION
RENE'S SERVICES COR

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| Certificate of Status | 0 |
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October 3, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOCUMENT SERVICES LLC

SUBJECT: RENES SERVICES CORP
REF: W23000134862

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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The document number of the name conflict is P15000026444.

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Summer Chatham
Regulatory Specialist III
Director's Office

FAX Aud. #: H23000339291
Letter Number: 823A00022800

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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 GYCEL SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address5691 ORANGE RD No. BPALM BEACH, FL 33413

Mailing address, if different is

5691 ORANGE RD No. BPALM 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: P: SERGIO GONGORA JRName and Title: VP: SERGIO R. GONGORAAddress 5691 ORANGE RD No. BAddress: 1485 NW 31ST STPALM BEACH, FL 33413MIAMI FL 33142

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |

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

Name: SERGIO GONGORA JR.

Address: 5691 ORANGE RD No. B

PALM BEACH, FL 33413

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: SERGIO GONGORA JR.

Address: 5691 ORANGE RD No. B


PALM BEACH, FL 33413

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 09/26/2023 (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

| | |
|---|-------------------|
|  | <u>10/04/2023</u> |
| Required Signature/Registered Agent | 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.

| | |
|---|-------------------|
|  | <u>10/04/2023</u> |
| Required Signature/Incorporator | Date |