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CORPORATE ACCESS, ____

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INC.

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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: | ARDENODE U.S. CAPITAL HOLDINGS, INC. | |
|----------|--------------------------------------|--|
| | (PROPOSED CORPORATE NAME | MUST INCLUDE SUFFIX) |

| Enclosed are an orig | ginal and one (1) copy of the ar | ticles of incorporation and | l a check for: |
|-------------------------|----------------------------------|--|--|
| □ \$70.00 Filing Fee | | □ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | ☐ \$87.50 Filing Fee. Certified Copy & Certificate of Status |

| OM: | FRANCISCO J. GONZALEZ, ESQ. | | |
|-----|--|--|--|
| | Name (Printed or typed) | | |
| | 110 PROFESSIONAL WAY | | |
| • | Address | | |
| | WELLINGTON, FL 33414 | | |
| | City, State & Zip | | |
| | (561) 227-1575 | | |
| | Daytime Telephone number | | |
| | JMARTINEZ@GSBLAWFIRM.COM | | |
| - | E-mail address: (to be used for future annual report notification) | | |

NOTE: Please provide the original and one copy of the articles.

DocuSign Envelope ID: A85581A4-D5B5-4E24-9825-378973037413

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

| 10 PROFESSIONAL WAY VELLINGTON, FL 33414 | | | ress, if different is: |
|--|--------------------------------|--|------------------------|
| | | 110 PROFESSIONAL V WELLINGTON, FL 334 | |
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| RTICLE III PURPOSE The purpose for which the corpora | ation is organized is: ANY ANE | O ALL LAWFUL BUSINES | SS. |
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| RTICLE IV SHARES | 000 | | Ú. |
| he number of shares of stock is: 1 | | | 75mg |
| RTICLE V INITIAL OFFIC | ERS AND/OR DIRECTORS | | -: <u>Ö</u> |
| | | Name and Title: | _ |
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| Address | | Address: | |
| RAHEN | 1Y, DUBLIN 5, DO5 X263 I | <u> </u> | |
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| ARTICLE VI R | EGISTERED AGENT rida street address (P.O. Box NOT acceptable) of | the registered agent is: | |
| Name: | GSB CORPORATE SERVICES, LLC | | |
| Address: | 110 PROFESSIONAL WAY | | |
| | WELLINGTON, FL 33414 | | . ~ |
| | | | . 3 |
| ARTICLE VII I | NCORPORATOR | | <u> </u> |
| The name and ado | <u>fress</u> of the Incorporator is: | | ů: |
| Name: | FRANK WALKER | | Ţ. |
| Address: | 66 ALL SAINTS ROAD | | <u>.</u> 5 |
| | RAHENY, DUBLIN 5, DO5 X263 II | | Co |
| Effective date, if o | EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and cannot | (OPTIONAL) be more than five days prior or | 90 days after the |
| | nserted in this block does not meet the applicable ective date on the Department of State's records. | statutory filing requirements, this o | late will not be listed as |
| Having been name certificate, I am fai | d as registered agent to accept service of process fo will ar with and accept the appointment as registere | d agent and agree to act in this cap | pacity , |
| | 7 | l | 10/5/2023 |
| | Required Signature/Registered Agent | | Date |
| I submit this document to the De | ment and affirm that the facts stated herein are t Engringent of State constitutes a third degree felony | rue. I am aware that the false inf as provided for in s.817.155, F.S. | ormation submitted in a |
| [1 | | | .0/5/2023 |
| Required Signature | TRESIPSIME. | Date | |