

To

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From: Yanet Avila

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
CHABELLI GUGLIATTO PA

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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: CHABELLI GUGLIATTO PA**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

605 OCEAN DR APT 6 L KEY BISCAYNE, FL 33149**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

The nature of business is: Real Estate Associate**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CHABELLI ALY GUGLIATTO (P) Name and Title: _____Address: 605 OCEAN DR APT 6 L Address: _____
KEY BISCAYNE, FL 33149

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: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: CHABELLI ALY GUGLIATTOAddress: 605 OCEAN DR APT 6 LKEY BISCAYNE, FL 33149**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: CHABELLI ALY GUGLIATTOAddress: 605 OCEAN DR APT 6 LKEY BISCAYNE, FL 33149**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*Chabelli Aly Gugliatto

CHABELLI ALY GUGLIATTO 2023 OCT 20 16:53:37

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.*Chabelli Aly Gugliatto

CHABELLI ALY GUGLIATTO 2023 OCT 20 16:53:37

Required Signature/Incorporator

Date

Date
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