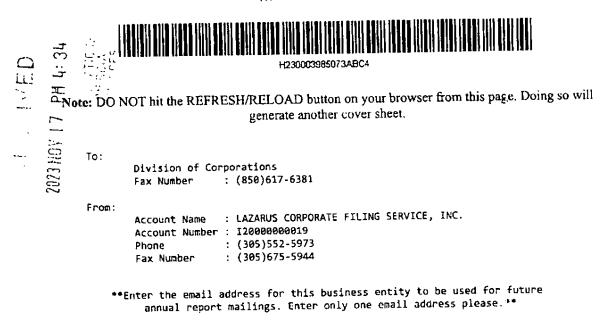
Buriel Deputine of training Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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FLORIDA PROFIT/NON PROFIT CORPORATION JONATHAN ESTRADA INC.

Certificate of Status	0
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T.J.H
11/20/23



r - 4

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

ARTICLE I NAME The name of the corporation shall be: JONATHA	N ESTRADA	TINC.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address	s if different is:
221 SW 12 ST., #219		12 ST#219
MIAMI, FL. 33130	MIAML.	1 33/30
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		
ANT AND ALL LEGAL	PURPOSES	
ARTICLE IV SHARES The number of shares of stock is: 100		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS		
Name and Title TOYATHAN ESTRADA		
221 5W 12 ST., #219	Address:	
MIAMI FL. 33130		
Name and Title:	Name and Title:	
Address	Address:	
	a midd o	2023 NOV
Name and Title:		
Address	Address:	0 000
		12: 48
		₩F ∞

. . . .

Address	Ado	dress:	
ARTICLE VI REGI	STERED AGENT street address (P.O. Box NOT acceptable) of the re	egistered agent is:	
Name:	ONATHAN ESTRAD.	Ā	
Address: 25	21 SW 12 ST. #2	19	
	MIAM1, FL: 33/3		
,	THE TOTAL		
ARTICLE VII INCO	<u>DRPORATOR</u>		
The name and address	s of the Incorporator is: DNATHAN ESTRADA	3	
Name:	MATHAN ESTRADO	1 - D (9	
Address:	a sw 12 st, #	α	
. /	M(AM1, FL. 331	30	
(If an effective date is filing.)	r than the date of filing: // YUV / 192 Al s listed, the date must be specific and cannot be	more than five days prior	
Note: If the date inserthe document's effecti	rted in this block does not meet the applicable stative date on the Department of State's records	utory filing requirements, th	s date will not be listed as
Having been named a certificate, I am famili	s registered agent to accept service of process for the appointment as registered a	ne above stated corporation a agent and agree to act in this	the place designated in this capacity
July	Color		11/6/23
	Required Signature/Registered Agent	a I am aware that the false	information submitted in a
I submit this docume document to the Depa	ent and affirm that the facts stated herein are true artinent of State constitutes a third degree felony as	provided for in 8.817.155, F.	S.
Jun!	Put On		11/6(23
Required Signature/I	(Lorporator	Date	72
			SECON TO