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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION JONATHAN ESTRADA INC.

Certificate of Status	0
Certified Copy	1
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11/20/23

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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: JONATHAN ESTRADA INC.**ARTICLE II PRINCIPAL OFFICE**

Principal office address

221 SW 12 ST., #219
MIAMI, FL. 33130

Mailing address if different is:

221 SW 12 ST. #219
MIAMI, FL. 33130**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY 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: JONATHAN ESTRADA Name and Title: _____Address: P/T/S/D Address: _____221 SW 12 ST., #219MIAMI, FL. 33130

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 AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JONATHAN ESTRADA
Address: 221 SW 12 ST. #219
MIAMI, FL. 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JONATHAN ESTRADA
Address: 221 SW 12 ST. #219
MIAMI, FL. 33130

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: NOV. 16, 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

[Signature]
Required Signature/Registered Agent

11/16/23
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.

[Signature]
Required Signature/Incorporator

11/16/23
Date

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TALLAHASSEE, FL 32310