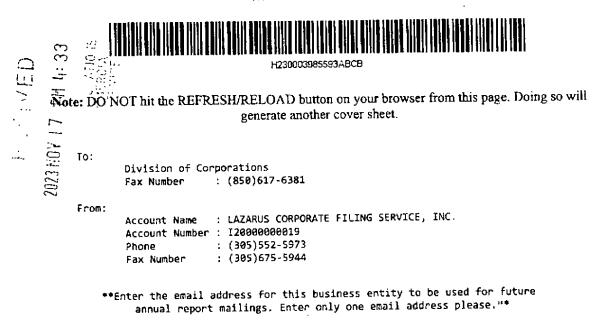
Page Floride Doartment of State Page 170 Pag

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.

(((H230003985593)))



FLORIDA PROFIT/NON PROFIT CORPORATION HENRY FERNANDEZ INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Email Address:

Corporate Filing Menu

Helo

All All Strains on

NOY 17 PH 12: 1

T.J.H 11/20/23

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:	HENRY	FERNANDE:	INC.
ARTICLE II PRINCIPAL OFFIC	<u> </u>		ress, if different is:
221 SW 125		gal SW	12 ST.#219
MAMI, FL.	~ ·	m(AM),	Fi. 33/30
ARTICLE III PURPOSE The purpose for which the corporatio	n is organized is:		
ANY AND AL	L LEGAL	PURPOSES	
ARTICLE IV SHARES The number of shares of stock is:	100		
ARTICLE V INITIAL OFFICER			
		Name and Title:	
Address P	T/3/D	Address:	
• (12 ST. #2		
MIAMI, F	L. 33/30)	
Name and Title:	<u> </u>	Name and Title:	
Address		Address:	
	<u></u>	<u> </u>	
		<u> </u>	
Name and Title:		Name and Title:	
Address		Address:	2073 NOW
	· · · · · · · · · · · · · · · · · · ·		
			C3:
			PN 12:

.

Name and Title: ______ Name and Title: ______

Audress		Address:	
		_	
		<u> </u>	
ARTICLE VI REGISTER The name and Florida stree	REDAGENT t address (P.O. Box NOT acceptable) o	f the registered agent is:	
	VRY FERNANI		
	1 SW 12 ST ?		
_	MI, FL. 331	,	
ARTICLE VII INCORPO	RATOR		
The name and address of the	e Incorporator is:		
Name: HE	NRY FEANANDO	=2	
Address: 20	RI SW 12 ST	#219	
-	11AMI, FL. =	,	
77	10/0111, FL=		
ARTICLE VIII EFFECTION Effective date, if other than to (If an effective date is listed filing.)	the date of filing: NOV . 16, 5	(OPTIONAL) of be more than five days pri	or or 90 days after the
	this block does not meet the applicable on the Department of State's records.		this date will not be listed as
	tered agent to accept service of process f		
certificate, I am familiar with	h and accept the appointment us register	red agent and agree to act in th	ris capacity
- fly To	equired Sign oure/Registered Agent		11(16) 23
1 submit this document and	affirm that the facts stated herein are	true I am oware that the fal	va interpretion cubmitted in a
	of State constitutes a third degree felon		
Here F	and a		11/16-223
Required Signatury Inchron	ator /	Date	n in the same
			A O STATE
			P [1]
			PH 12: 49