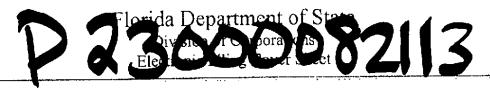
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Division of Corporations



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Help

ARTICLES OF INCORPORATION

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

| EIV SHARES ber of shares of stock is: 100 E V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: JOEL MCGRAW (P) Address Name and Title: | <u>.E.II PRING</u> | <u>TIPAL OFFICE</u> Principal <u>street</u> address | 7 | Mailing address, if different is: |
|---|--|---|---|-----------------------------------|
| Set for which the corporation is organized is: DALL LAWFUL BUSINESS Set of shares of stock is: 100 V INITIAL OFFICERS AND/OR DIRECTORS Faince and Title: JOEL MCGRAW (P) Address Address: Address Address: Address Address: Address Address: Address Address: | | | | |
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| Name and Title:Name and Title: | Name and Title | JOEL MCGRAW (P) 2903 POINT EAST OR #237 AVENTURA, FL 33180 | Address: | |
| | Name and Title Address | JOEL MCGRAW (P) 2903 POINT EAST OR #237 AVENTURA, FL 33160 | Address: Name and Title: | |
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| Page: 4 of 4* | 2023-11-28 18:12:04 GMT | 13053284774 | From: Yanet Avila |
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| ARTICLE VI REGIS The name and Florida s | TERED AGENT treet address (P.O. Box NOT acceptable) of | the registered agent is: | |
| Name: JOE | EL MCGRAW | | |
| Address: 290 | 3 POINT EAST DR #207 AVENTUR | A, FL 33160 | |
| | | | |
| ARTICLE VII INCOL | RPORATOR | | |
| The name and address | | | |
| | OEL MCGRAW | | |
| | 2903 POINT EAST DR #207 AVE | NTURA, FL 33160 | |
| | | | |
| _ | | | |
| ARTICLE VIII EFFE | CTIVE DATE: han the date of filing: | (OPTIONAL) | |
| (If an effective date is l filing.) | listed, the date must be specific and canno | t he more than five days prior or 90 days after the | |
| Note: If the date inserte | ed in this block does not meet the applicable e date on the Department of State's records. | statutory filing requirements, this date will not be listed | BS |
| Having been named as a certificate, I am fumilia | registered agent to accept service of process for with and accept the appointment as register | or the above stated corporation at the place designated in t ed agent and agree to act in this capacity | this |
| | Required Signature/Registered Agent | Date | _ ! |
| | | | na |
| I submit this document document to the Depart | and affirm that the facts stated herein are ment of State constitutes a third degree felon | true, I am aware that the false information submitted it as provided for in s.817.155, F.S. | |
| Required Signature/Inc | OTDOTRIOT W. | Date | _ |
| Reduired Signature the | | | |