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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
LET'S CONNECT BUSINESS INC

Certificate of Status	0
Certified Copy	1
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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: LET'S CONNECT BUSINESS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
11884 SW 13th STREET
PEMBROKE PINES, FL 33025

Mailing address, if different is:
11884 SW 13th STREET
PEMBROKE PINES, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEPHANIE MATAMOROS - P Name and Title:
Address 11884 SW 13th STREET Address:
PEMBROKE PINES, FL 33025

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: STEPHANIE MATAMOROS
 Address: 11884 SW 13th STREET
PEMBROKE PINES, FL 33025

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: STEPHANIE MATAMOROS
 Address: 11884 SW 13th STREET
PEMBROKE PINES, FL 33025

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

Stephanie Matamoros _____ 11/27/23 _____
 Required Signature/Registered Agent 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.

Stephanie Matamoros _____ 11/27/23 _____
 Required Signature/Incorporator Date

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 11/27/23