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### **CORPORATE** ACCESS, \_\_\_\_\_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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#### **WALK IN**

	CERTIFIED COPY	
XX	РНОТОСОРУ	
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XX	FILING	DOMESTICATION
_	RARAYA LIMITED	
	(CORPORATE NAME AND DO	OCUMENT #)
_		
	(CORPORATE NAME AND DO	OCUMENT #)
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## Articles of Domestication Foreign Corporation Domesticating to Florida

ine u	Indersigned, Leon Roy Hausmann (Name)	, Trustee/ Authorized Person (Title)
of R	URAYA LIMITED	,
corpo	ration, in accordance with s. 607.11922, Florid stication.	
1.	Then name of the domesticating corporation	n is RURAYA LIMITED
		(Foreign Corporation)
2.	The jurisdiction and date of its formation is	BARBADOS May 31, 2010
3.	The name of the domesticated corporation is	RURAYA INC.
4.	The jurisdiction of formation of the domestic	ated corporation is <b>Florida</b>
5.	The domestication corporation is a foreign coapproved in accordance with its organic law.	prporation and the domestication was
6.	Attached are Florida Articles of Incorporation requirements pursuant to s.607.0202, F.S.	to complete the domestication
certify	I am authorized to sign these Articles of Dom  (Authorized)  Leon Ro	estication on behalf of the corporation 224 JAN 244 JAN 255 JA

### ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME	•	
THE NAME OF THE CORPORATION SHALL	BE:	
RURAYA INC		
ARTICLE II PRINCIPAL OFF		
THE PRINCIPAL PLACE OF BUSINESS/ MAIL	ICE UNG ADDRESS IS:	
Principal Address c/o 301 W Hallandale Beach Blvd	Mailing Address c/o 301 W Hallandale Beach Blvd	
Hallandale Beach/ Florida/ 33009	Hallandale Beach/ Florida/ 33009	
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORA Any Lawful Business	TION IS ORGANIZED:	
ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: 1.	AGENT AND STREET ADDRESS	
THE NAME AND FLORIDA STREET ADDRES	SS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:	
Rozencwaig & Nadel, LLP		
c/o 301 W Hallandaie Beach Blvd		
Hallandale Beach/ Florida/ 33009		;- <del></del>
	GENT AND TO ACCEPT SERVICE OF PROCESS FOR THE CACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR REGISTERED AGENT AND AGREE TO ACT IN THIS	
Signature/Registered Agen	<u>January 1, 2024</u> Date	

### ARTICLE V DIRECTORS AND/ OR OFFICERS

Leon Roy Hausmann

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: Name & Title: Leon Roy Hausmann/Director Name & Title: Vicky Hausmann/Director 3301 NE 183 Street AT 708 Address: Address: 1495 Breakwater Terrace Aventura, FI 33160 Hollywood, FL 33019 Name & Title: Nadine Hausmann/ Director Name & Title: Address: 2201 NE 202 Street Address: Miami, FL 33180 Name & Title: Name & Title: Address: Address: Name & Title: Name & Title: Address: Address: I submit this document and affirm that the facts stated herein are true. I am aware that 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. January 1, 2024 Signature/Authorized Person

Date