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To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## FLORIDA PROFIT/NON PROFIT CORPORATION FDZ MASTER SUPPORT CORP

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I** NAME: The name of the corporation is:

FDZ MASTER SUPPORT CORP	
ARTICLE II PRINCIPAL OFFICE;	
The principal street address and mailing address is:	
10920 N 56TH SUITE 205	
TEMPLE TERRACE, FL 33617	
ARTICLE III SHARES: The number of shares of stock is: 100	·
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER	<b>.S</b> :
ALBERTO FERNANDEZ SANCHEZ (P)	
	<del></del>
ARTICLE V INITIAL REGISTERED AGENT AND STREET AL	ODRESS:
The name and Florida street address (PO Box not acceptable) of the registe	
ALBERTO FERNANDEZ SANCHEZ	
10920 N 56TH SUITE 205	
TEMPLE TERRACE, FL 33617  ARTICLE VI INCORPORATOR: The name and address of the Inco	7024 TALL TALL
ALBERTO FERNANDEZ SANCHEZ	
10920 N 56TH SUITE 205	
TEMPLE TERRACE, FL 33617	

## **Required Signatures:**

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

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.

Incorporator Date

2024 JAN 22 AHII: 2