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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (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 **HOLDING 1283, CORP**

Certificate of Status	0
Certified Copy	ı
Page Count	03
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

ARTICLE II PRINCIPAL OFFICE:	***************************************
The principal street address and mailing address is:	
Miami Share 91 33135	
1116mi - 102 C-1 33136	···-
	
TICLE III SHARES: The number of shares of stock is: 100	<u> </u>
ARTICLE IV INITIAL DIRECTORS AND/OR OFFI	CERS:
Alina Perez Quas	
5311 SW 140 R	
Mi Cl 33175	
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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 0/23/24

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

01/23/29 Date

2024 JAN 29 PH 3: 04, SECRETAL SERVICE