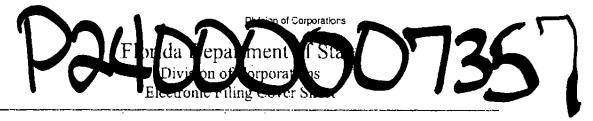
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FLORIDA PROFIT/NON PROFIT CORPORATION FEDERICO FAMILY TRUST CORP.

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Help

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

ARTICLE I NAME The name of the corpor	E ation shall be: FEDERICO FAMILY TI	RUST CORP.	
ARTICLE II PRIN 12884 BISCAYNE BLVD # NORTH MANI, FL 33181	CIPAL OFFICE Principal street address 381		g address, if different is:
APTICLE III DUDO	OSE the corporation is organized is: ANY AND	ALL LAWFUL BUS	INESS
ARTICLE IV SHAR The number of shares o	RES f stock is: 100 SHARES		
	AL OFFICERS AND/OR DIRECTORS c: ALFREDO GONZALEZ - P	Name and Title:	
Address	12864 BISCAYNE BLVD # 361 NORTH MIAMI, FL 33181		
Name and Title Address			
Name and Title		Name and Title: Address:	2024 JAN 29 SECRETICAL ALLIANISSA
			PH 3: 05 OF STATE OF STATE

Name and Title:		Name and Title:		
Address		Address:		
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	f the registered agent is:		
Name:	ALFREDO GONZALEZ	_		
Address:	12864 BISCAYNE BLVD # 361	_		
	NORTH MIAMI, FL 33181			
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>			
The name and ad	ldress of the Incorporator is:			
Name:	ALFREDO GONZALEZ	_		
Address:	12864 BISCAYNE BLVD # 361			
	NORTH MIAMI, FL 33181	_		
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and cannot	(OPTIONAL) ot be more than five days prio	r or 90 days after the	
	inserted in this block does not meet the applicable feetive date on the Department of State's records.		his date will not be listed as	
	ed as registered agent to accept service of process y amiliar with and accept the appointment as registe			
/a/ Alfr	edo Gonzalez Required Signature/Registered Agent		01/25/2024	
- U	Required Signature/Registered Agent	<u>.</u>	Date	
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon			
/s/ Alfre	do Gonzalez		01/25/2024	
Required Signatur	re/inct/rporator	Date		

