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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GAEL SERVICES CORP

Account Number : I20230000060 Phone : (305)903-7797 Fax Number : (786)515-3110

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FLORIDA PROFIT/NON PROFIT CORPORATION **EMIRATOS INC**

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

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TICLE IV SHARES number of shares of stock is:	ailing address, if different is:
PICLE IV SHARES purpose for which the corporation is organized is: PICLE IV SHARES number of shares of stock is: ICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Address Name and Title: Address Address: Address:	
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Name and Title: Address Address:	
Address Address;	
Address Address;	
	2024 JAN 30 TALLANIASI
Name and Title: Name and Title:	JAN JAN
Address Address:	30 PH

Name and Title:	Name and Title:
Address	Address:
	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO	T acceptable) of the registered against in
Name: John Carlos H	da house h
Address: (ABB SOLVILLE	in Tr
	ngs FL 33166
ARTICLE VII INCORPORATOR	·
The name and address of the Incorporator is:	
Name: JUAN CARIOS	Habeych
Address: 488 SOUTH	<u>Vr</u>
Miani. Sp	lings. FL 33166
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	115/2024
Effective date, if other than the date of filing: <u>I</u> (If an effective date is listed, the date must be spefiling.)	(OPTIONAL) cific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meethe document's effective date on the Department of	et the applicable statutory filing requirements, this date will not be listed as State's records.
Having been named as registered agent to accept serv	vice of process for the above stated corporation at the place designated in this
certificate, I am familiar with and accept the appoint	ment as registered agent and agree to act in this capacity
Required Signature/Regist	ered Agent Date
I submit this document and affirm that the facts sta	ated herein are true. I am aware that the false information submitted in a
document to the Department of State constitutes a thi	ora degree felony as provided for in \$.817.133, F.S.
Required Signature/Incorporator	Date 1/15/2029
	⊸

FILED

2024 JAN 30 PH 2: 51

SECRETAL OF STATE
TALLAHASU DEFLORIDA