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| | Division of Co | | | |
|--------|------------------|---|-----------|------------------|
| | Fax Number | : (850)617-6381 | | |
| From: | | | : | |
| | Account Name | : DMG FINANCIAL SERVICES INC | : 3 | |
| | Account Number | : I20230000151 | | |
| | Phone | : (305)595-2407 | | 25 |
| | Fax Number | : (305)595-2408 | | 202 ¹ |
| | | | | |
| | | | <i>c</i> | E., |
| *Enter | the email addres | s for this business entity to be used f | on rucure | <u>_</u> |
| anı | nual report mail | ngs. Enter only one email address pleas | ie ** : | 14 |
| | | | 1.51.4 | |

FLORIDA PROFIT/NON PROFIT CORPORATION

pacific powder supply inc

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| | IC POWDER SUPPLY INC | | | | | |
|---------------------|--|--------------------------------|-------------------------|--|--|--|
| SUBJECT: | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) | | | |
| Enclosed are an ori | ginal and one (1) copy of the art | icles of incorporation and | d a check for: | | | |
| \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | Filing Fee & Certified Copy | & Certificate of Status | | | |
| | | ADDITIONAL CO | DPY REQUIRED | | | |
| FROM: | MARIA E RUIZ Name (Printed or typed) 7750 SW 117TH AVE SUITE 203 | | | | | |
| س ند، پ | Address | | | | | |
| М | MIAMI, FLORIDA 33163 | | | | | |
| - | City, State & Zip | | | | | |
| 30 | 305 595-2407 | | | | | |
| _ | Daytime | Telephone number | | | | |
| M | ARIAQUIROS9@HOTMAIL.COM | | | | | |
| | E-mail address: (to be use | ed for future annual report | notification) | | | |

NOTE: Please provide the original and one copy of the articles.

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

| ARTICLE I NAME The name of the corporat | ion shall be: PACIFIC POWDER SUPP | | |
|---|--|---|--------------------------|
| ARTICLE II PRINC | <u>TPAL OFFICE</u> Principal <u>street</u> address | Mailing a | ddress, if different is: |
| 14106 SW 139 COU | • — | | |
| MIAMI, FLORIDA 33 | | | |
| ARTICLE III PURPO | . | | |
| The purpose for which t | DSE he corporation is organized is: ANY AND | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
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| | | <u> </u> | |
| ADTICLE IV SHAD | E.C. | | |
| The number of shares of | ES 100 stock is: | | |
| ADVICER IZ INITE | 41. OFFICERS AND/OR DIRECTORS | | |
| | | Nume and Title: | |
| | 1/106 SW 139 CT | | |
| Address | MIAMI FLORIDA 33186 | | |
| | | | |
| | | | |
| Name and Title | 2: | Name and Title: | <u></u> |
| Address | | Address: | |
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| and the second | | Name and Title | ; ; ; |
| | c: | | 177 |
| Address | | Address: | |
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| Name and | d Title: | Name and Title: | |
|---|--|---|--|
| Address | | Address: | |
| | | | |
| | | | |
| | | | |
| ARTICLE VI | REGISTERED AGENT | | |
| The name and Fl | orida street address (P.O. Box NOT acceptable) YASER ALONSO PALAU |) of the registered agent is: | |
| Name: Address: | | <u> </u> | |
| | 14106 SW 139 COURT | | |
| | MIAMI FLORIDA 33186 | | |
| | | | |
| ARTICLE VII | <u>INCORPORATOR</u> | | |
| The name and ac | ddress of the Incorporator is: | | |
| Name: | YASER ALONSO PALAU | | |
| Address: | 14106 SW 139 COURT | | |
| | MIAMI FLORIDA 33186 | | |
| (If an effective of filing.) Note: If the date | other than the date of filing: late is listed, the date must be specific and car inserted in this block does not meet the applica | nnot be more than five days prio ble statutory filing requirements, t | |
| the document's e | ffective date on the Department of State's recor | ds. | |
| Having been nan certificate, I am J | ned as registered agent to accept service of proce familiar with and accept the appointment as regi | ss for the above stated corporation stered agent and agree to act in thi | at the place designated in this is capacity |
| 11 Min | | | 06/12/2024 |
| Villa - | Required Signature/Registered Agent | | Date |
| I submit this document to the | cument and affirm that the facts stated herein Department of State constitutes a third degree fe | are true. I am aware that the fals lony as provided for in s.817.155, | e information submitted in a F.S. |
| VALL | | | 06/12/2024 |
| Regulared Signati | ire/Incorporator | Date | 3 |
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