Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H240002177143)))



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To:	Division of C	orporations				
	Fax Number	: (850)617-638	1			
From:						
	Account Name					
	Account Number Phone	r : I20100000000	~			
	Fax Number	: (305)599-0839 : (305)592-9593				
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ICIEII nam	CYD . I O TO .		
ICLE II PRIN	Principal street address		
		Maili	ng address, if different is:
400 Alton Road, Apt 2106			
Miami Reac	h, FL 33139		
ICLE III PURPO purpose for which	OSE he corporation is organized is:	Consulting	
imber of shares of s	stock is: 1,000	 _	
imber of shares of s	tock is: 1,000 LOFFICERS AND/OR DIRECTORS	Name and Title:	
imber of shares of s	LOFFICERS AND/OR DIRECTORS Anthony Nougues, President		
Name and Title	tock is: 1,000 LOFFICERS AND/OR DIRECTORS		
imber of shares of s <u>CLE V INITIA</u> Name and Title	LOFFICERS AND/OR DIRECTORS Anthony Nougues, President 400 Alton Road, Apt 2106		
TLE V INITIA Name and Title Address	Anthony Nougues, President 400 Alton Road, Apt 2106 Miami Beach, FL 33139	Address:	. 20
TLE V INITIA Name and Title Address	Anthony Nougues, President 400 Alton Road, Apt 2106 Miami Beach, FL 33139	Address:	2024
TLE V INITIA Name and Title Address	Anthony Nougues, President 400 Alton Road, Apt 2106 Miami Beach, FL 33139	Address: Name and Title:	2024
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Name and Title:		Name and Title:			
A ddres	s	Address:			
				<u> </u>	
ARTICLE VI	REGISTERED AGENT				
the <u>name and F</u> Name:	lorida street address (P.O. Box NOT acceptable) of the	registered agent is:			
	Anthony Nougues				
Addr e ss:	400 Alton Road, Apt 2106				
	Miami Beach, FL 33139				
ARTICLE VII	<u>INCORPORATOR</u>				
The name and address of the Incorporator is:			÷	2024	
Name:	Anthony Nougues		·	ć.	
Address:	400 Alton Road, Apt 2106			122 14	
	Miami Beach, FL 33139		••		
Effective date, if	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)		 : 34	
(If an effective diffling.)	ate is listed, the date must be specific and cannot be	more than five days prio	r or 90 day	s after the	
Note: If the date the document's ef	inserted in this block does not meet the applicable statu fective date on the Department of State's records.	ntory filing requirements, t	his date will	not be listed as	
Having been nam certificate, I am fa	ed as registered agent to accept service of process for the miliar with and accept the appointment as registered ag	e above stated corporation of gent and agree to act in this	u the place of capacity	designated in this	
	Anthony Nouges Guitera		06/3	14/2024	
Required Signature/Registered Agent				06/24/2024 Date	
I submit this docu document to the D	ment and affirm that the facts stated herein are true. epartment of State constitutes a third degree felony as p	I am aware that the faise provided for in \$.817.155, F	information S	n submitted in a	
Anth	my Nouges Guitera		06/2	4/2024	
Required Signature	/Incorporator	Dosa		TILULA	