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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
SAUDI CEREAL HOLDINGS INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: SAUDI CEREAL HOLDINGS INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address7300 NW 35TH TERRACEMIAMI, FLORIDA 33122

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MAURO LIBI - PRESIDENTAddress 7300 NW 35TH TERRACEMIAMI, FLORIDA 33122

Name and Title: _____

Address: _____

Name and Title: BLADIMIRO VALBUENA - SECRETARYAddress 7300 NW 35TH TERRACEMIAMI, FLORIDA 33122

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MAURO LIBI
Address: 7300 NW 35TH TERRACE
MIAMI, FLORIDA 33122

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MAURO LIBI
Address: 7300 NW 35TH TERRACE
MIAMI, FLORIDA 33122

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Mauro Libi
Required Signature/Registered Agent

11/13/24
Date

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.

Mauro Libi
Required Signature/Incorporator

11/13/24
Date

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TALLAHASSEE, FLORIDA