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To:				
	Division of Corporations		Ç.	2
	Fax Number	: (850)617-6381	THE CAN	7074 DEC
from:			T 1 "	_
	Account Name Account Number	: LAZARUS CORPORATE FILING SERVICE, INC.)	0
	Phone	: (305)552-5973	200	-
	Fax Number	: (305)675-5944	ក្រា _ម	=
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**Enter	the email address	for this business entity to be used for	£11#11#10	(
ann	wal report maili	ngs. Enter only one email address please.	tucure **	
Fma	il Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION YORDI WHOLESALE CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

Ordi WHOLESALE CORP	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
YORDANI ROMAN SOTOLONGO	
1850 SW 8TH ST SUITE # 501	
MIAMI FL 33135	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
YORDANI ROMAN SOTOLONGO (P)	
	-
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	•
ARTICLE V INITIAL REGISTERED AGENT AND STREET AUDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is	s:
YORDANI ROMAN SOTOLONGO	
1850 SW 8TH ST SUITE # 501	
MIAMI FL 33135	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	• ;
YORDANI ROMAN SOTOLONGO	
1850 SW 8TH ST SUITE # 501	
MIAMI FL 33135	

Required Signatures:

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

Registered Agent 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.

36.212-17-2024 Incorporator Date