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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
CAVEL INVESTMENTS CORP

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: _____

CAVEL INVESTMENTS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address _____**2853 N Palm Aire Dr**

Mailing address, if different is: _____

523 Glendon St**Pompano Beach, FL 33069****Greer, SC 29651****ARTICLE III PURPOSE**The purpose for which the corporation is organized is: **Any And All Lawful Purpose.****ARTICLE IV SHARES**The number of shares of stock is: **10,000****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Maria C Velasquez - President**Name and Title: **Daniel G Campo - Director**Address **523 Glendon St**Address: **523 Glendon St****Greer, SC 29651****Greer, SC 29651**Name and Title: **Adriana Campo Huth - Director**

Name and Title: _____

Address **523 Glendon St**

Address: _____

Greer, SC 29651

Name and Title: _____

Name and Title: _____

Address _____

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: Alex Pina Co.
Address: 8400 NW 36th St Ste 450
Doral, FL 33166**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Maria C Velasquez
Address: 523 Glendon St
Greer, SC 29651**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*_____
Required Signature/Registered Agent12/26/2024_____
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.**Maria Cecilia Velasquez Vega*_____
Required Signature/Incorporator12/26/2024_____
Date