


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.

(((H25000032700 3)))



H250000327003ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Corporations			
	Fax Number : (850)617-6381			
From:				
	Account Name : EXPRESS CORPOR Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774	ATE FILING SERVICË	INC.	
	Tax Number . (505)528-4/74		20	
**Enter th	e email address for this busine	ss entity to be use	ed for future	ж Т
	al report mailings. Enter only o		lease.**	\mathbf{O}
Emai	1 Address:		ed for future JAN 2001	RECEIVED
			P P	Z
			FION F12:12	Ē
FI	LORIDA PROFIT/NON PRO		TION T	
	FOUREM 14,			
	Certificate of Status	0		
	Certified Copy	1		
	Page Count	03		
	Estimated Charge	\$78.75		
			IAN	" 7
			2025 JAN 28	
			PH	m
				0

From: Yanet Avila

ĩο

•

•

ARTICLE I NAM The name of the corpo	E FOUREM 1	+ Inc.			
<u>ARTICLE II PRU</u>	<u>CIPAL OFFICE</u> Principal <u>street</u> address	M	iailing address, if	different is:	
· · · · · · · · · · · · · · · · · · ·	V 65 Street				
Niami	12 33173	<u></u>			
ARTICLE III PURI	OSE the corporation is organized is:				
Any	and all lawful				
·	* • • • • • • • • • • • • • • • • • • •		*** ;,		
				·····	

ARTICLE IV SHA	PES A				
ARTICLE IV SHA	RES Istock is: Shares: 100@4	51.00			
	RES States: 100@4	01.00		225 235 235	2005C
ARTICLE V INIT		ρ			2005
ARTICLE V INIT	IAL OFFICERS AND/OR DIRECTORS	P Name and Title:		SECTIVE 1935 1935 1935 1935 1935 1935 1935 1935	· · · · · · · · · · · · · · · · · · ·
ARTICLE V INIT Name and Ti	<u>ME Marlene M. Suarez</u>	P Name and Title:			
ARTICLE V INIT Name and Ti	HE Marlene M. Suarez 9610 SW 65 Street	P Name and Title:			
<u>ARTICLE V INIT</u> Name and Ti Address	MLOFFICERSANDAOR DIRECTORS He: Marlene M. Suarez 9610 SW 65 Street Miami, FL 33173	Address:		N 28 PH 3: 0	
ARTICLE V INIT Name and Ti Address Name and Titl	MLOFFICERSANDAOR DIRECTORS He: Marlene M. Suarcz 9610 SW 65 Street Miani, FL 33173	Address: Address: Name and Title:		N 28 PH 3: 0	
<u>ARTICLE V INIT</u> Name and Ti Address	MLOFFICERSANDAOR DIRECTORS He: Marlene M. Suarez 9610 SW 65 Street Miami, FL 33173	Address: Address: Name and Title:		N 28 PH 3: 0	
ARTICLE V INIT Name and Ti Address Name and Titl	MLOFFICERSANDAOR DIRECTORS He: Marlene M. Suarcz 9610 SW 65 Street Miani, FL 33173	Address: Address: Name and Title:			
ARTICLE V INIT Name and Ti Address Name and Titl	MLOFFICERSANDAOR DIRECTORS He: Marlene M. Suarcz 9610 SW 65 Street Miani, FL 33173	Address: Address: Name and Title:			
ARTICLE V INIT Name and Ti Address Name and Titl Address	MLOFFICERSANDAOR DIRECTORS He: Marlene M. Suarcz 9610 SW 65 Street Miani, FL 33173	Address: Name and Title: Name and Title: Address:			

 Page: 4 014 			Page: 4 of 4
---------------------------------	--	--	--------------

To:

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:	Marlene M. Suarez
Address:	9610 SW 65 Street
	Miani, FL 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Addre

	Marlene M. Suarez	
ISS:	9610 SW 65 Street	
	Miami E 33173	

JAN 28 1 PM 3

ARTICLE VIII EPFECTIVE 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.)

C

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 Agent

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.

Required Signature/Incorporator

Date 01/27/2025

127

2025

01