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FLORIDA PROFIT/NON PROFIT CORPORATION
ZW MANAGEMENT INC

Certificate of Status	0
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Page Count	03
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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: ZW MANAGEMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
10544 NW 26th St Suite E-104
Doral, FL 33172

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ESTEBAN RAMOS LAGO - PRESIDENT

Name and Title: _____

Address 10544 NW 26th St Suite E-104

Address: _____

Doral, FL 33172

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: ESTEBAN RAMOS LAGO
Address: 10544 NW 26th St Suite E-104
Doral, FL 33172

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ESTEBAN RAMOS LAGO
Address: 10544 NW 26th St Suite E-104
Doral, FL 33172

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/17/2025 (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 Agent 09/17/2025
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.

Required Signature/Incorporator 09/17/2025
Date

2025 SEP 18 4:12:56
FALLS CHURCH VA