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OTE CORPORATION TALLAHASSEE, FLORIDA

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

House of Shagui Cor	p			
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
			 	Annual Report / Reinstatement
				Cert. Copy
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				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
-				Vehicle Search
		_		Driving Record
Requested by: SETH	05/11/22			UCC 1 or 3 File
Name	Date	Time		UCC Search
1141110	Duce	11110		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

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

ucieli na	INCIDAL OFFICE			
ICLE II PR	INCIPAL OFFICE Principal street address		Mailing address, if different is:	
	BLVD., STE 1050			
AL GABLES, FL 3:	3134			
TICLE III PUR purpose for whi	RPOSE ch the corporation is organized is:			
AND ALL LAW	FUL BUSINESS			
			49	
			SECTALL	
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			p. 1 99	
			三型 小	
ICLE IV SH			주를 5	
	4RES of stock is: 100		구를 5	
number of shares	of stock is: 100		FA 5	
number of shares	of stock is: 100 TIAL OFFICERS AND/OR DIRECTORS		, <u>j.t.</u> , ****	
number of shares	of stock is: 100	Name and Title	, <u>j.t.</u> , ****	
number of shares	of stock is: 100 TIAL OFFICERS AND/OR DIRECTORS		: Andres Shapiro Reifer - S	
number of shares ICLE V INI Name and T	of stock is: 100 TIAL OFFICERS AND/OR DIRECTORS Title: Zuri Gabriel Guindi Betech - P		: Andres Shapiro Reifer - S	
number of shares ICLE V INI Name and T	TIAL OFFICERS AND/OR DIRECTORS Title: Zuri Gabriel Guindi Betech - P		: Andres Shapiro Reifer - S 2121 Ponce de Leon Blvd., Ste. 10	
number of shares ICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: Zuri Gabriel Guindi Betech - P	Address: 	: Andres Shapiro Reifer - S 2121 Ponce de Leon Blvd., Ste. 10 CORAL GABLES, FL 33134	
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Title: Zuri Gabriel Guindi Betech - P	Address: Name and Title	: Andres Shapiro Reifer - S 2121 Ponce de Leon Blvd., Ste. 10 CORAL GABLES, FL 33134 : Amin Guindi Dayan - VP	
number of shares ICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: Zuri Gabriel Guindi Betech - P	Address: Name and Title	: Andres Shapiro Reifer - S 2121 Ponce de Leon Blvd., Ste. 10 CORAL GABLES, FL 33134 : Amin Guindi Dayan - VP	
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Title: Zuri Gabriel Guindi Betech - P	Address: Name and Title	: Andres Shapiro Reifer - S 2121 Ponce de Leon Blvd., Ste. 10 CORAL GABLES, FL 33134 : Amin Guindi Dayan - VP	
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Title: Zuri Gabriel Guindi Betech - P	Address: Name and Title	: Andres Shapiro Reifer - S 2121 Ponce de Leon Blvd., Ste. 10 CORAL GABLES, FL 33134 : Amin Guindi Dayan - VP 2121 Ponce de Leon Blvd., Ste. 10	
Name and Ti Name and Ti Address	TIAL OFFICERS AND/OR DIRECTORS Title: Zuri Gabriel Guindi Betech - P	Address: Name and Title Address:	: Andres Shapiro Reifer - S 2121 Ponce de Leon Blvd., Ste. 10 CORAL GABLES, FL 33134 : Amin Guindi Dayan - VP 2121 Ponce de Leon Blvd., Ste. 10 CORAL GABLES, FL 33134	
Name and Ti Name and Ti Address	TIAL OFFICERS AND/OR DIRECTORS Title: Zuri Gabriel Guindi Betech - P	Address: Name and Title: Address: Name and Title: Name and Title:	: Andres Shapiro Reifer - S 2121 Ponce de Leon Blvd., Ste. 10 CORAL GABLES, FL 33134 : Amin Guindi Dayan - VP 2121 Ponce de Leon Blvd., Ste. 10 CORAL GABLES, FL 33134	

Name a	nd Title:	Name and Title:	
Addres		Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Consulting Services of South Florida Inc	<u> </u>	
Address:	2121 Ponce de Leon Blvd., Ste. 1050		43
	CORAL GABLES, FL 33134	_	2022 SEL TA
ARTICLE VII	<u>INCORPORATOR</u>		2022 HAY I I AM SEUN AHASSEI
The name and a	ddress of the Incorporator is:		SSE A
Name:	Antonio Garcia	<u> </u>	္းျပ္သည္တ
Address:	2121 Ponce de Leon Blvd., Ste. 1050	<u> </u>	는 5
	CORAL GABLES, Fl. 33134	_	
Effective date, if (If an effective of filing.) Note: If the date	EFFECTIVE DATE: Tother than the date of filing: date is listed, the date must be specific and can inserted in this block does not meet the applicab effective date on the Department of State's record	not be more than five days prior of the days pri	·
	ned as registered agent to accept service of process amiliar with and accept the appointment as registed.		
	Required Signature/Registered Agent		Date
I submit this doc document to the	ument and affirm that the facts stated herein ar Department of State constitutes a third degree fe	e true. I am aware that the false in lony as provided for in s.817.155, F.	formation submitted in a S.
	Antholoa	Luder	05-11-2022
Required Signatu	re/Incorporator	Date	