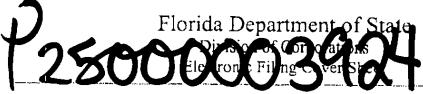
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Division of Corporations



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S. CHATHAM

From:

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ARTICLES OF INCORPORATION

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

ICLE II PRI	NCIPAL OFFICE Principal <u>street</u> address		og address, if different is:
)1 4th N, Suite #-	4779, St. Petersburg, FL 33702	-	te #4779, St. Petersburg, FL 33
ICLE III PUR purpose for whic	RPOSE th the corporation is organized is:Ar	ly purpose allowed in the si	tate of Florida.
CLEIV SHA	RES 1,000		
umber of shares of	<u>RES</u> 1,000 of stock is: <u>IAL OFFICERS AND/OR DIRECTOR</u> tlc: MOATH A ALRAWHANI, PRESIDE	NT Name and Title:	
umber of shares of CLE V INIT Name and Ti	RES 1,000 of stock is: IAL OFFICERS AND/OR DIRECTOR	NT Name and Title: Address:	
umber of shares of CLE V INIT Name and Ti Address	RES 1,000 of stock is: IAL OFFICERS AND/OR DIRECTOR tte: MOATH A ALRAWHANI, PRESIDE 7901 4tn N. Suite #4779, St. Petersburg, FL 33702	NT Name and Title: Address:	
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d Title:	Name and Titie:	
REGISTERED AGENT	A of the registered event in	
	y of the registered agent is:	
7901 4th N, Suite #4779,	_	
St. Petersburg, FL 33702		
INCORPORATOR		
dress of the Incorporator is:		
MOATH A ALRAWHANI		
7901 4th N, Suite #4779,	-	
St. Petersburg, FL 33702		
EFFECTIVE DATE:		
ther than the date of filing:	inot be more than five days prior or 90 days after the	
inserted in this block does not meet the applicab fective date on the Department of State's record	ole statutory filing requirements, this date will not be listed a	
nt as registered agent to account survivou of nearest	s for the above stated corporation at the place designated in th	
miliar with and accept the appointment as regist	tered agent and agree to act in this capacity - co	
miliar with and accept the appointment as regist Moath Abrawkaui	tered agent and agree to act in this capacity	
miliar with and accept the appointment as regist	tered agent and agree to act in this capacity S	
Moath Alrawhaui Required Signature/Registered Agent	O1-18-2025 Date To true, I am aware that the false information submitted in	
Moath Abrawkani Required Signature/Registered Agent ment and affirm that the facts stated herein as	O1-18-2025 Date The true I am aware that the false information submitted in	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable Registered Agents, INC 7901 4th N, Suite #4779, St. Petersburg, FL 33702 INCORPORATOR dress of the Incorporator is: MOATH A ALRAWHANI 7901 4th N, Suite #4779, St. Petersburg, FL 33702 EFFECTIVE DATE: ther than the date of filling: the is listed, the date must be specific and can inserted in this block does not meet the applicable fective date on the Department of State's record	