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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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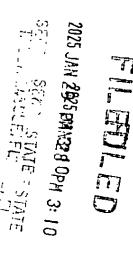
FLORIDA PROFIT/NON PROFIT CORPORATION LLIAM INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 0.3 |
| Estimated Charge | \$78.75 |

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

| ARTICLE I NAME: The name of the corporation is: | |
|---|--|
| LLIAM. INC | |
| ARTICLE II PRINCIPAL OFFICE: | |
| The principal street address and mailing address is: 8724 SW 5th Tev, Miami FL 33174 | |
| ARTICLE JU SHARES: The number of shares of stock is: OO ARTICLE JV INITIAL DIRECTORS AND/OR OFFICE IS: William Veda - Vega (P) 225 236 237 238 | |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: | |
| William Veda-Vega 8724 SW 5th Ter Miami FL 37174 | |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: William Leda - Lega | |

Required Signatures:

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

Registered Agent 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.

Inecrporator 0 1/24/2025

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