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Colorado Secretary of State

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## **Articles of Incorporation for a Profit Corporation**

filed pursuant to § 7-102-101 and § 7-102-102 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name for the corporation is

Street address

## CORZA HOLDINGS, INC.

(The name of a corporation must contain the term or abbreviation "corporation", "incorporated", "company", "limited", "corp.", inc.", "co." or "ltd.". See §7-90-601, C.R.S. If the corporation is a professional or special purpose corporation, other law may apply.)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

305 Alcazar Avenue

2. The principal office address of the corporation's initial principal office is

	(Street number and name) Suite 3				
	Coral Gables	FL	33134		
	(City)	United Sta	States (ZIP/Postal Code)		
	(Province – if applicable)	(Country)			
Mailing address					
(leave blank if same as street address)	(Street number and no	(Street number and name or Post Office Box information)			
	(City)	(State)	(ZIP/Postal Code)		
	(Province – if applicable)	(Country)	·		
e registered agent name and regist  Name  (if an individual)	V 11	oration's initial r	egistered agent are		
Name	V 11	oration's initial r	egistered agent are  (Middle) (Suff		
Name (if an individual)	ered agent address of the corpo	(First)			
Name (if an individual) or	(Last)  Corporation Service (	(First)			
Name (if an individual) or (if an entity)	(Last)  Corporation Service (	(First)			
Name (if an individual) or (if an entity) (Caution: Do not provide both an indiv	Corporation Service (vidual and an entity name.)  1560 Broadway	(First)			
Name (if an individual) or (if an entity) (Caution: Do not provide both an indiv	(Last)  Corporation Service (vidual and an entity name.)  1560 Broadway	(First)  Company  number and name)			
Name (if an individual) or (if an entity) (Caution: Do not provide both an indiv	(Last)  Corporation Service (vidual and an entity name.)  1560 Broadway  Suite 2090	(First)  Company  number and name)	(Middle) (Suf		

		CO					
	(City)	(State)	(ZIP/Postal Code)	)			
(The following statement is adopted by mark  The person appointed as region		ented to being so app	ointed.				
4. The true name and mailing addre	ss of the incorporator are						
Name (if an individual)	RUIZ	MIGUEL					
or	(Last)	(First)	(Middle)	(Suffix)			
(if an entity) (Caution: Do not provide both an	individual and an entity name.)						
Mailing address	305 ALCAZAR AVENUE  (Street number and name or Post Office Box information)						
	SUITE 3	er and name or I ost Office					
	CORAL GABLE	S FL_	33134				
	(City)	United S	States (ZIP/Postal Code)	)			
	(Province – if applica	uble) (Country	·)				
additional incorporator ar  5. The classes of shares and number follows.							
✓ The corporation is author	s, adopt the statement by marking the rized to issue 1,500 creceive the net assets of the	ommon shares that s	hall have unlimited v	oting			
	s, adopt the statement by marking the garding shares as required be narked. Both boxes may be mark	y section 7-106-101,		n an			
6. (If the following statement applies, adopt th  This document contains additional contains additional contains additional contains additional contains additional contains additional contains and contains additional contains additional contains and contains and contains additional contains and contains additional contains and contains additional contains and contains additional contains additional contains and contains additional contains additional contains and contains additional contains and							
7. (Caution: Leave blank if the documen significant legal consequences. Read			d effective date has				
(If the following statement applies, adopt the The delayed effective date and, i			required format.)				
			/dd/yyyy hour:minute am/p	m)			

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statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing the document to be delivered for filing are

RUIZ	MIC	<u>MIGUEL</u> ( <i>First</i> ) UE		(Middle)			
305 ALCAZAR AV	'ENUE						
SUITE 3 (Street num	SUITE 3 (Street number and name or Post Office Box information)						
CORAL GABLES	3	<u>FL_</u>	3313	34			
(City)		United S		(ZIP/Postal Co	ode)		
(Province – if applica	able)	(Count	ry)				
(If the following statement applies, adopt the statement by marking the box This document contains the true name and mailing address causing the document to be delivered for filing.			,	al individua	ls		

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