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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : T20000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
DOANINVEST USA, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Doaninvest USA, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICEPrincipal street address
Avenue De Tervueren 299/3
1150 Brussels, Belgium

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To hold and purchase real estate property in the United States in order to rent or sell to third parties.

ARTICLE IV SHARES

The number of shares of stock is: 200,000, \$.01 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Dominique Dervytere, Pres. Treasurer
Address: and Secretary
Avenue De Tervueren 299/3
1150 Brussels, BelgiumName and Title: Dominique Dervytere, Director
Address: SameName and Title: _____
Address: _____Name and Title: _____
Address: _____Name and Title: _____
Address: _____Name and Title: _____
Address: _____**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Steven A. Meyer
Address: Posternak Blankstein & Lund LLP
800 Boylston Street, Boston, MA 02199

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

By: 

Required Signature/Registered Agent

Sue G. Knight
as its agent

Date

11-12-10

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

Date

11/10/10