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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 : BARINAS & ASSOCIATES INC.  
Account Number : I20000000082  
Phone : (305)871-0889  
Fax Number : (305)870-9623

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
STARFISH USA CORP.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

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J. Shivers JAN 31 2012

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME** STARFISH USA CORP.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
17327 SW 20 CT  
MIRAMAR, FL 33029

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFULL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 SHARES AT NOT PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: PRESIDENT

Address: FRANK LEYTE-VIDAL  
17327 SW 20 CT  
MIRAMAR, FL 33029

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name 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: FRANK LEYTE-VIDAL  
Address: 17327 SW 20 CT  
MIRAMAR, FL 33029

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FRANK LEYTE-VIDAL  
Address: 17327 SW 20 CT  
MIRAMAR, FL 33029

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

Required Signature/Registered Agent

01/17/2012

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.817.135, F.S.

Required Signature/Incorporator

01/17/2012

Date

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