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ORPORATION NAME(S) & D	OCUMENT NUMBER(S), (if	known):	•
TWIN GROC	ERY INC.		
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Fictitious Name	Limited Partner	ship	
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ARTICLES OF INCORPORATION

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TWIN GROCERY INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the Corporation is:

TWIN GROCERY INC.

ARTICLE II

The purpose for which the Corporation is organized is to engage in any activities or business permitted under the laws of the United States and Florida.

ARTICLE III

The aggregate number of shares that the Corporation shall have the authority to issue is SEVEN THOUSAND (7,000) shares of Capital Stock, all of one class, with a par value of One Dollar (\$1.00) per share.

ARTICLE IV

The period of duration of the Corporation is perpetual.

ARTICLE V

The amount of capital with which the Corporation shall begin business is not less that SIX HUNDRED DOLLARS (\$600.00).

ARTICLE VI

The address of the initial Principal Office of the

Corporation is 3792 10th Avenue North Palm Springs, Fl. 33461

ARTICLE VII

The number of directors constituting the initial Board of Directors of the Corporation are:

WALTER ORTIZ

4840 Luqui Street West Palm Beach, Fl. 33415

ARTICLE VIII

The name and address of the initial subscriber and Registered Agent of the corporation is:

WALTER ORTIZ

4840 Luqui Street West Palm Beach, Fl. 33415

ARTICLE IX

The following persons shall be the officers of this Corporation for the first year of its existence or until their successors are elected and have qualified:

WALTER ORIZ

President and Director

ARTICLE X

Shareholders shall not be entitled to preemptive rights

IN WITNESS WHEREOF, I the undersigned, have made, subscribed and acknowledged this Article of Incoporation, this 20th day of April, 2012.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

Walter Ortiz, Subscriber and Registered Agent.

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STATE OF FLORIDA COUNTY OF PALM BEACH

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and County aforesaid to take acknowledgements, personally appeared Walter Ortiz, subscriber and Registered Agent, to me known to be the person described in or who (have) (has) produced Florida Drivers License as identification and who executed the foregoing document and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State aforesaid this 20th day of April, 2012.

My commission expires:

Notary Public, State of Florida

JULIAN J. HERNANDEZ
MY COMMISSION # DD 861674
EXPIRES: June 16, 2013
Bonded Thru Notary Public Underwriters