

JAN-21-2013 15:59: From:  
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Division of Corporations

To: 850 617 6381

Page 2/3

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : KRISJOENNA SERVICES, INC.  
Account Number : I20080000033  
Phone : (305) 644-3055  
Fax Number : (305) 644-3052

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FLORIDA PROFIT/NON PROFIT CORPORATION  
SGL U.S.A. SALES AND SERVICE, CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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13 JAN 22 PM 4:57

PS 1/22/13

JAN-21-2013 15:59 From:

To: 850 617 6381 FILED P. 3-3  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

13 JAN 22 PM 4:57

**ARTICLE I NAME**

The name of the corporation shall be: **SGL U.S.A. SALES AND SERVICE, CORP**

**ARTICLE II PRINCIPAL OFFICE**

Principal Address and Mailing Address: **1845 NW 112 AVE UNIT 205  
MIAMI, FL 33172**

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Title: **PRESIDENT**  
Name: **NELSON SUAREZ** (80 of shares and 80% of actions)  
Address: **1845 NW 112 AVE UNIT 205  
MIAMI, FL 33172**

Title: **ADMINISTRATOR**  
Name: **RAFAELA GUTIERREZ** (10 of shares and 10% of actions)  
Address: **1845 NW 112 AVE UNIT 205  
MIAMI, FL 33172**

Title: **ASSISTANT**  
Name: **KENIA LARRE** (10 of shares and 10% of actions)  
Address: **1845 NW 112 AVE UNIT 205  
MIAMI, FL 33172**

**ARTICLE VI REGISTERED AGENT**

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

Name: **NIEVES SUAREZ**  
Address: **1845 NW 112 AVE UNIT 205  
MIAMI, FL 33172**

The name and address of the Incorporator is:

Name: **NELSON SUAREZ**  
Address: **1845 NW 112 AVE UNIT 205  
MIAMI, FL 33172**

*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*

Date: **January 21, 2013**

Nieves Suarez  
Required Signature/Registered Agent

*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 5.817.155, F.S.*

Date: **January 21, 2013**

[Signature]  
Required Signature/Incorporator