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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052

: (302)531-0855

Fax Number

: (850)656-7953

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

FLORIDA PROFIT/NON PROFIT CORPORATION Orbis International, Inc.

| Certificate of Status | 0 |
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10/30/2013

Incorporating Services, LTD.

| | • | DIVISION OF SOM |
|---------------------------------------|--|--|
| | E abbrilla desa privat del pri a Estado | CORPORATION 13 OCT 30 AM II: 02 |
| | ARTICLES OF INC In compliance with Chapter 607 ar | id/or Chapter 621, F.S. (Profit) |
| ARTICLE 1 NAI | | nal, Inc. |
| ARTICLE II PRI | | |
| · · · · · · · · · · · · · · · · · · · | Principal street address | Mailing address, if different is: |
| 2903 1/2 Fran | k Gay Rd. | |
| Marcellus, NY | 13108 | |
| ARTICLE III PUR | POSE | |
| The purpose for which | he corporation is organized is: Any | legal purpose. |
| | | · · · · · · · · · · · · · · · · · · · |
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| ARTICLE IV SHA | stock is: 150,000,000 common is | chares at \$.001 |
| THE PARTY OF STREET OF SEC. | | · |
| ARTICLE V IN | TAL OFFICERS AND/OR DIRECTO | |
| Name and Title | : Carmen Joseph Carbona | _ Name and Title: Director, President, Secretary |
| Address | 2903 1/2 Frank Gay Rd. | Address: |
| | Marcellus, NY 13108 | • |
| | | |
| | | |
| Name and Title | ; | Name and Title: |
| Address | | |
| Arm and | | |
| | | |
| | | |
| Name and Title | | Name and Title: |
| | • | |
| Address | | Address |
| | | |
| | | |

Oct. 30. 2013 4:10PM Incorporating Services, LTD.

No. 7861 P. 3

LTD.

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 OCT 30 AMII: 03

(conti.)

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|---------------------------------------|--|-------------------|--|
| Name a | and Title; | Name and Title | *** |
| Addres | \$\$ | Address: | |
| • | | | And the Manufacture of the Control o |
| | | | |
| | | | |
| ARTICLE VI | REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of | the recistored an | end in |
| Name: | Incorporating Services, Ltd. | | |
| Address: | 1540 Glenway Drive | | |
| | Tallahasse, FL 32301 | | |
| | | | |
| ARTICLE VII | INCORPORATOR | | |
| The name and a | address of the incorporator is: | | |
| Name: | Marcaret Sollish | | |
| Address: | 8 Salina St. | | |
| | Baldwinsville, NY 13027 | | |
| Having been na this certificate, I | med as registared agent to accept service of process, am familiar with and accept the appointment as regi | stered ogent and | atot corporation at the place designated in tagree to act in this capacity 10/30/13 |
| Czenu- | Required Signature/Registered Agent (| } | |
| | cument and affirm that the facts stated harein are to Department of State constitutes a third degree felosy | | |
| | Many Signature/Incorporator | 1 | 10/30/2013 |
| | | | • |