

**P150000910**

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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STATE OF FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
NUESTRA VISION, CORP.**

Certificate of Status	0
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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**  
The name of the corporation shall be: NUESTRAVISION, CORP.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
201 S BICAYNE BLVD  
SUITE 2800  
MIAMI, FL 33131

Mailing address, if different is:

**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: 1000 SHARES

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

Name and Title: President: Victor Herrera Zenil 40%  
Address: 201 S Biscayne Blvd  
Suite 2800  
Miami, FL 33131

Name and Title: CFO: Manuel Perez 5%  
Address: 201 S Biscayne Blvd  
Suite 2800  
Miami, FL 33131

Name and Title: Vice President: Stephano Herrera Da Silva  
Address: 201 S Biscayne Blvd  
Suite 2800  
Miami, FL 33131

Name and Title: General Counsel: Jeffrey Rodriguez 5%  
Address: 201 S Biscayne Blvd  
Suite 2800  
Miami, FL 33131

Name and Title: Ceo: Victor Herrera Da Silva 25%  
Address: 201 S Biscayne Blvd  
Suite 2800  
Miami, FL 33131

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Marlene Fernandez  
 Address: 13195 SW 9 Terrace  
Miami, FL 33184

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marlene Fernandez  
 Address: 13195 SW 9 Terrace  
Miami, FL 33184

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11/6/2015  
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.817.155, F.S.

\_\_\_\_\_  
 Required Signature/Incorporator 11/6/2015  
Date

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