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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
CORPORACION LINFA INC

Certificate of Status	0
Certified Copy	1
Page Count	03
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FEB 16 2016

T. SCOTT

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

ARTICLE I NAME CORPORATION LINFA INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10012 NW 7TH STREET APT 107

MIAMI, FL 33172

ARTICLE III PURPOSE

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

ARTICLE IV SHARES SHARES: 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis Fernando Linares Villegas (P)

Name and Title: _____

Address: 10012 NW 7TH STREET APT 107

Address: _____

MIAMI, FL 33172

Name and Title: Monica Andreina Fabbri Sosa (V/P)

Name and Title: _____

Address: 10012 NW 7TH STREET APT 107

Address: _____

MIAMI, FL 33172

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

16 FEB 15 AM 11:01

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: Luis Fernando Linares Villegas

Address: 10012 NW 7TH STREET APT 107

MIAMI, FL 33172

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Luis Fernando Linares Villegas

Address: 10012 NW 7TH STREET APT 107

MIAMI, FL 33172

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

02/11/2016
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

02/11/2016
Date