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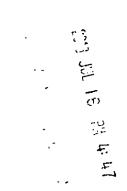
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	(Re	questor's Name)	
	(Ad	dress)	
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	(Cit	y/State/Zip/Phone	e #)
	PICK-UP	☐ WAIT	MAIL
	(Bu	siness Entity Nan	ne)
	(Do	cument Number)	
Certified Cop	ies	_ Certificates	s of Status
Special Inst	ructions to I	Filing Officer:	
			

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18 JUL 16 MM 10: 07
SECRETARY OF STATE
VALUATIONS SEE, FLORIDA



JUL 17 2018 T SCHROEDER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 299904 8020289
AUTHORIZATION: Spelle Man
COST LIMIT : \$ 70.00
ORDER DATE : July 16, 2018
ORDER TIME : 2:03 PM
ORDER NO. : 299904-005
CUSTOMER NO: 8020289
DOMESTIC FILING
NAME: AROLA USA CORP.
EFFECTIVE DATE:
XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS:

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32314		
SUBJECT: AROLA USA CORP. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate o Status DPY REQUIRED
MARTA GARCIA FROM:		
\$	e (Printed or typed)	
175 SW 7TH ST SUITE 1711	Address	
MIAMI FL 33130	rudiess	
City	State & Zip	
786-725-5767		
Daytime 1	Telephone number	
marta.garcia@rclawllp.net		
E-mail address: (to be use	d for future annual report i	notification)

NOTE: Please provide the original and one copy of the articles.

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

RTICLE II PRIM 477 Garden Rd.	VCIPAL OFFICE Principal street address		Mailing address, if different is:
Veston, FL 33326			
RTIGLE III PUR	POSE any any any the corporation is organized is:	and all lawful activity a	and/or business
			5,,
			AHAS
			SECOND D
			STATE O
IRTIGLE IV SHA	RES 1000		E OA
IRTIGLE V INIT	of stock is:	<u>.s</u>	Ariadna Arola, Director
he number of shares	of stock is:		Ariadna Arola, Director
The number of shares IRTIGLE V INIT Name and T	of stock is: [IAL OFFICERS AND/OR DIRECTOR Carlos Arola, Director	<u>S</u> Name and Titl	Ariadna Arola, Director
The number of shares IRTIGLE V INIT Name and To Address	Carlos Arola, Director C/ Palaudarias n.11 08004 Barcelona, SP	Name and Titl Address:	Ariadna Arola, Director C/ Palaudarias n. 11 08004 Barcelona SP
The number of shares IRTIGLE V INIT Name and To Address	Carlos Arola, Director C/ Palaudarias n.11 08004 Barcelona, SP	Name and Titl Address:	Ariadna Arola, Director C/ Palaudarias n. 11 08004 Barcelona SP
The number of shares IRTIGLE V INIT Name and Ti Address Name and Ti	Carlos Arola, Director C/ Palaudarias n.11 08004 Barcelona, SP	Name and Titl Address: Name and Titl	e: Ariadna Arola, Director C/ Palaudarias n. 11 08004 Barcelona SP Mariano Robayo, General Manager
Name and Till Address	Carlos Arola, Director C/ Palaudarias n.11 08004 Barcelona, SP Xavier Ruiz, Secretary 175 Sw 7th St. Suite 1711 Miami FL 33130	Name and Titl Address: Name and Titl Address: Address:	Ariadna Arola, Director C/ Palaudarias n. 11 08004 Barcelona SP e: Mariano Robayo, General Manager 1477 Garden Rd. Weston FL 33326
Name and Till Address	Carlos Arola, Director C/ Palaudarias n.11 08004 Barcelona, SP Xavier Ruiz, Secretary 175 Sw 7th St. Suite 1711 Miami FL 33130	Name and Titl Address: Name and Titl Address: Name and Titl Name and Titl	Ariadna Arola, Director C/ Palaudarias n. 11 08004 Barcelona SP Mariano Robayo, General Manager 1477 Garden Rd. Weston FL 33326

il			
Name an	d Title:	Name and Title:	
Address	· · · · · · · · · · · · · · · · · · ·	Address:	
ARTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT accep	table) of the registered agent is:	
Name:	Corporation Service Company		
Addre ş s:	1201 Hays St.		
	Tallahassee, FL 32301-2525		7
			18, 18, 18,
ARTICLE VII	INCORPORATOR		VHV JEL
The <u>name and a</u>	ddress of the Incorporator is:		SSE SSE
Name:	Marta Garcia		AH 10: 07 OF STATE OF LORIDA
Address:	175 SW 7th St. suite 1711		O: O FALE ORIC
1	Miami, FL 33130		湖流 7
ARTICLE VIII	EFFECTIVE DATE: f other than the date of filing:	(OPTIONAL	\
(If an effective of	date is listed, the date must be specific and	d cannot be more than five days p	rior or 90 days after (
filing.)			
Note: If the date the document's a	e inserted in this block does not meet the appetfective date on the Department of State's r	plicable statutory filing requirement ecords.	s, this date will not be
Having been na	med as registered agent to accept service of am familiar with and accept the appointme	process for the above stated corport as registered agent and agree to t	ration at the place desi act in this capacity
7		Royanno Tumor	711. 11
- icur	Required Signature/Registered Ag	Asst. Vice President	Date
יו			