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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
 Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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 Phone : (305)552-5973
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
AREPA.MIA US CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2020 AUG 26 PM 1:21
 DIVISION OF CORPORATIONS
 FLORIDA
 FILING SERVICES

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

AREPA.MIA US Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1660 NE 1ST AVE APT 3318
MIAMI FL 33132

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

(P) ALBERTO MANUEL SORIANO DIAZ
(V) DAVID STEVEN GOMEZ ORTIZ

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

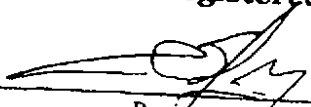
ALBERTO MANUEL SORIANO DIAZ
1600 NE 1ST AVE APT 3318
MIAMI FL 33132

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

ALBERTO MANUEL SORIANO DIAZ
1600 NE 1ST AVE APT 3318
MIAMI FL 33132

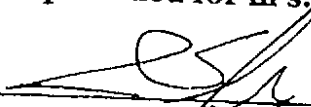
Required Signatures:

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



Registered Agent _____ 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.



Incorporator _____ Date