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To: Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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 EMMIA TRADER CORP.

| Certificate of Status | 0 | 370 | 2919 |
|-----------------------|---------|---|-----------------|
| Certified Copy | 1 | 2 à 2 à 2 à 2 à 2 à 2 à 2 à 2 à 2 à 2 à | لرنها نـــــ |
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ARTICLES OF INCORPORATION

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

| he name of the corporation | E EMMIA TRADER (| ORP. | |
|--|--|-----------------------------------|-----------|
| RTICLE II PRIN | CIPAL OFFICE Principal <u>street</u> address 'NE BLVD, STE 104 | Mailing address, if different is: | |
| VENTURA, F | L 33180 | - | |
| LRTICLE III PURP he purpose for which the | OSE e corporation is organized is: | ID ALL LAWFUL | BUSINESS |
| | | | Z |
| RTICLE IV SHALE of shares of s | tock is: | | FEB 26 PH |
| Name and Title: | ANAHI AMILIVIA, PRESIDENT 20807 BISCAYNE BLVD STE 104 AVENTURA, FL 33180 | Name and Title: Address: | <u> </u> |
| Name and Thie. | 20807 BISCAYNE BLVD STE 104 | Name and Title:Address: | |
| | | | |

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(conti.)

| Name and | Title: | Name and Title: | |
|--|--|--|-----------------------|
| Address | | | |
| | | | |
| | | | |
| | REGISTERED AGENT | | |
| Name: | rida street address (P.O. Box NOT acceptable) of MARK GERSTLE | i the registered agent is: | |
| Address: | 2630 NE 203 STREET, STE 104 | • | |
| | AVENTURA, FL 33180 | - | |
| ARTICLE VII | INCORPORATOR | | |
| The name and add | ress of the Incorporator is: | | |
| Name: | ANAHI AMILIVIA | · - | |
| Address: | 20807 BISCAYNE BLVD STE 104 | - | |
| | AVENTURA, FL 33180 | • | |
| Having been name this certificate, I an | nd as registered agent to accept service of process in familiar shift and accept the appointment as registered Agent Required Signature/Registered Agent | 2/25 | gnated in 9 |
| I submit this document to the De | | true. I am aware that the false information subm y as provided for in s.817.155, F.S. | |
| <u> </u> | Requised Signature/Incorporator | 2./2./1. Date | 7 |