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Division of Corporations

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

From:
Account Name : CLARA GIRALDO, P.A.
Account Number : 119990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**FLORIDA PROFIT/NON PROFIT CORPORATION
AVRAA DIFFUSION DS, CORP.**

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ARTICLES OF INCORPORATION

OF

AVRAA DIFFUSION DS, CORP.

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

AVRAA DIFFUSION DS, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**9455 COLLINS AVE SUITE # 1105
SURFSIDE, FL. 33154**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is

THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR SOCIAL PROJECTS, ENVIROMENTAL, CHARITABLE, EDUCATIONAL. THE ACTIVITIES OF THIS ORGANIZATION INCLUDE: DONATIONS, EVENTS, PROMOTIONS, SCHOLARSHIPS, LEADERSHIP, DIFFUSION, TEACHING, DISTRIBUTION OF ELEMENTS AND DEVICES OF AND ABOUT DRUGS DETECTION AND INFORMATION, CONFERENCES WORKSHOPS AND CONSULTING.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

BY MINUTES AND BY LAWS

**CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300**

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ARTICLE V

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**JOSE ANDRES SALAMA
9455 COLLINS AVE SUITE # 1105
SURFSIDE, FL. 33154**

ARTICLE VI

INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(as) and specific title(s):

**JOSE ANDRES SALAMA
9455 COLLINS AVE SUITE # 1105
SURFSIDE, FL. 33154**

PRESIDENT

**CAROLINA A. POZAS
9455 COLLINS AVE SUITE # 1105
SURFSIDE, FL. 33154**

VICEPRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

**JOSE ANDRES SALAMA
9455 COLLINS AVE SUITE # 1105
SURFSIDE, FL. 33154**

The undersigned incorporator(s) has (have) executed these Articles of incorporation this 26 day FEBRUARY 2014.


JOSE ANDRES SALAMA

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

AVRAA DIFFUSION DS, CORP.

2. The Name and Address of the registered agent and office is

**JOSE ANDRES SALAMA
9455 COLLINS AVE SUITE # 1105
SURFSIDE, FL. 33154**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE &

Dated: FEBRUARY 26, 2014.