POOOOOO42489

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

SUBJECT:	Juga FALLa (Proposed corpor	ORP, ate name - must include suffix	x)	-				
		80	0003226; -04/27/00—0 *****78.75	2281 1029020 *****78.75				
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :								
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL COP	& Certificate of Status					
FROM:	MIAMI BEACH, R.	11/NS AVE # Address EC 33140 State & Zip	TALLAHASSEE, FLORIDA	FILED 00 APR 27 PM I2: 59				
305-673-0959 Daytime Telephone number								

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

A	RTI	CL.	F	1	NAME
_				*	1 4 - 11 4 1 7

The name of the corporation shall be:

Juga Falla CORP

ARTICLE II PRINCIPAL OFFICE

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

3120 COLLINS AUE #414 Miami Beach, RC, 33140

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Sharps

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JUGN JOSE FALLA 3120 COllins Ave # 414 minn; BEACH, RL, 33140

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Juga Jose Racia
3/20 Collins Ave #4/4
Pniani Dead RC 33/40
Jose Falla.
Signaturo/Incorporator

4/21/2000 Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

7 / C/ 200

Date