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EXPRESS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3940 W. FLAGLER ST. 2nd FLOOR

(Address)

MIAMI, FL 33134 (305) 444-4994

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Servilimpia, Inc. (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-09/27/00--01025--007
****157.50 *****78.75

Examiner's Initials

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

SERVILIMPIA, INC.

FILED
00 SEP 27 AM 11:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

*1731 N.E. 163RD STREET
NORTH MIAMI BEACH, FLORIDA 33162*

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

1,000 SHARES OF COMMON STOCKS; \$5.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

*ALVARO BUENDIA
600 BILTMORE WAY, SUITE 205
CORAL GABLES, FLORIDA 33134*

ARTICLE V INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

*ALBERTO GIRALDO
1731 N.E. 163RD STREET
NORTH MIAMI BEACH, FLORIDA 33162*

ARTICLE VI DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

<i>LUCIA GIRALDO, PRESIDENT</i>	<i>MARIA LUCIA GIRALDO, VICE-PRESIDENT</i>
<i>CATALINA GIRALDO, EXECUTIVE VICE-PRESIDENT</i>	<i>ALBERTO GIRALDO, TREASURER</i>
<i>ALVARO GIRALDO, VICE-PRESIDENT</i>	<i>CAMILO GIRALDO, SECRETARY</i>
<i>JUAN B. GIRALDO, VICE-PRESIDENT</i>	

1731 N.E. 163RD STREET, NORTH MIAMI BEACH, FLORIDA 33162

ARTICLE VII - SHAREHOLDERS

THE NAME OF THE SHAREHOLDERS OF THESE ARTICLES OF INCORPORATION ARE:

<i>SERVILIMPIA LTDA. - 51%</i>	<i>CATALINA GIRALDO - 7%</i>
<i>LUCIA GIRALDO - 7%</i>	<i>MARIA LUCIA GIRALDO - 7%</i>
<i>ALVARO GIRALDO - 7%</i>	<i>ALBERTO GIRALDO - 7%</i>
<i>JUAN B. GIRALDO - 7%</i>	<i>CAMILO GIRALDO - 7%</i>

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

25TH day of SEPTEMBER, 2000, XX

SIGNATURE



INCORPORATOR

SIGNATURE _____

SIGNATURE _____

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

Pursuant to the provisions 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: SERVILIMPIA, INC.

2. The name and address of the registered agent and office is:

NAME ALVARO BUENDIA

ADDRESS: 600 BILTMORE WAY, SUITE 205
(P.O. Box not acceptable)
CORAL GABLES, FLORIDA 33134
(City/State/Zip Code)

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

DATE SEPTEMBER 25, 2000

FILED
20 SEP 27 AM 11:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA