POJOOO OO 6966

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

SUBJECT:	CT: Expocueros wholesale USA Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for		
\$70.00	· · · · · · · · · · · · · · · · · · ·	□ \$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
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		ADDITIONAL CO.	Status		
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	west Palm Bed	sch Ce and	SERV -		
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NOTE: Please provide the original and one copy of the articles.

81/18

ARTICLES OF INCORPORATION

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

OF

Expocueros Wholesale USA, Inc.

ARTICLE I

The name of the corporation is "Expocueros Wholesale USA, Inc."

JAN 16 PM 4: 24 ECRETARY OF STATE LLAHASSEE, FLORIDA

ARTICLE II PRINCIPLE PLACE OF BUSINESS

The principle place of business and the mailing address of the corporation is 6917 NW 77th Avenue, Miami, Dade County, Florida 33166.

ARTICLE III SPECIFIC PURPOSE OF CORPORATION

ARTICLE IV SHARES OF STOCK

The corporation shall have authority acting by its board of directors to issue 100,000 (One Hundred Thousand) Shares at par value of \$1.00 each share.

ARTICLE V OFFICERS/DIRECTORS

The name of each officer is:

Luis Salamanca
President
Luisa Levy
Secretary-Director

Isabel Fernandez
Vice-President
Pedro P. Quintero
Treasurer

ARTICLE VI REGISTERED AGENT

The street address of the registered agent office is 1299 Stoneway Lane, West Palm Beach, Florida 33417 and the initial registered agent of the corporation at such address is M. Charmion Silver, Absolute Business Consultants

ARTICLE VII INCORPORATORS

Luis Salamanca 6917 NW 77 th Avenue Miami, FL 33166	Luisa Levy 6917 NW 77 th Avenue REM 12 Miami, FA 33166
INTEREST II	
IN WITNESS WHEREOF, the undersigned h	1 /\/\/
This, 20,	
	Luis Salamanca
	Notary Public
My commission Expires:	
My commission Expires: Notary Public for the State of Commission Number if any	
Commission Number, if any	
IN WITNESS WHEREOF, the undersigned has, 20,	
nus, 20, 20	Luisa Levy
	N. C. D. C.
	Notary Public
My commission Evniron	
My commission Expires: Notary Public for the State of	- · · · - ·
Commission Number, if any	
*************	**************************************
Having been named as registered agent to accorporation at the place designated in this cer appointment as registered agent and agree to	rtificate, I am familiar with and accept the o act in this capacity
Signature/Registered Agent	12/19/00
Signature/Registered Agent	Date
Signatures/Incorporators	Date