

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

SUBJECT:	Grialca Corp.		*****(13. (15	*****(8.(5
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)	-
Enclosed is an ori	ginal and one(1) copy of the artic	les of incorporation and	a check for:	
☐ \$70.00 Filing Fee	•	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FRC	OM. Celestino Pena			· TRANS
		Name (Printed or typed)		
1000 Brickell Avenue, Suite 480		LLA	FFR - 4	
	Address		ASSI	FILED
Miami, FL 33131			E, P.S	
	City	City, State & Zip		<u>ម</u> ច
	(305) 381-6252		¥m 4	.
	Daytime '	Daytime Telephone number		

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Grialca Corp.

FILED OI FEB -5 AM 9: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA

PRINCIPAL OFFICE

The principal place of business/mailing address is:

1000 Brickell Ave., Suite 480

Miami, FL 33131 E III <u>PURPOSE</u>

The purpose for which the corporation is organized is:

Import and export, commodities and financial services

ARTICLE IV SHARES

The number of shares of stock is:

200 shares at no par value

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Celestino Pena

1000 Brickell Ave., Suite 480

Miami, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Celestino Pena

1000 Brickell Ave., Suite 480

Miami, FL 33131

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator