Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

macorpa inc.

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ARTICLES OF INCORPORATION

MACORPA INC

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be:

This corporation shall commence existence upon the date of filling with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is:

802 NW14 CT MIAMI FE 33/25

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 1000 shares having an individual par value of \$ -0/

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Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this INES CORTES corporation shall be: 802 NW14 CT MIBMI FE 33125

ARTICLE VII

,
The name and address of the initial board of director(s) shall be:
INES CORTES 802 NW 14 CT MIAMI FE 33125
MARA LERSUNDY 802 NWIY CT
MIAMI E 33:25
PILAR APARICIO SSS CRAMBON BARTICLE VIII

MEN BISAGHERE 33149 The name and address of the incorporator executing these Articles of Incorporation is: INES CORTES 802 NW14 GT MIAMI FL 33/25

The undersigned has executed these Articles of incorporation this <u>Y</u> day of <u>OctoBER</u> .20 o Y.

Hoy 20020/627

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISTERED AGENT

O4 OCT -8 PM 3: 21
SECRETARY OF STATE
TALLAHASSEE FLOBING

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