

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

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DIVISION OF CORPORATIONS  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**WINGS TRADING CORP.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$70.00 |

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MRS 1/27

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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:

WINGS TRADING CORP.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3429 TORREMOLINOS AVE.  
DORAL, FL 33178

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### ARTICLE IV SHARES

The number of shares of stock is:

1500 COMMON SHARES PAR VALUE \$0.01

### ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers:

NILO FERREIRA DA SILVEIRA WERNECK  
President: 3429 TORREMOLINOS AVE  
DORAL, FLORIDA 33178

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PAGE 2 WINGS TRADING CORP.

**ARTICLE VI REGISTERED AGENT**

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

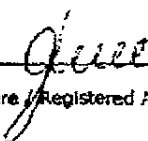
LIANE BEATRIZ CICHOCKI WERNECK  
3429 TORREMOLINOS AVE  
DORAL, FLORIDA 33178

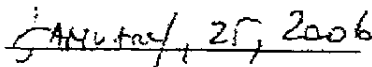
**ARTICLE VII INCORPORATOR**

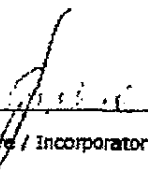
The name and Florida street address of the incorporator is:

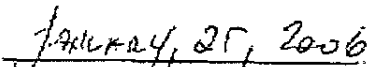
LIANE BEATRIZ CICHOCKI WERNECK  
3429 TORREMOLINOS AVE  
DORAL, FLORIDA 33178

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above 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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature / Incorporator

  
\_\_\_\_\_  
Date

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