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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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

| SUBJECT: | laster Examite | 2 Marphe | Corp |
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| | • | TENAME - MUSTINGL | OUE SCIPIA) |
| \$70.00 Filing Fee | • • | S78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| | 50N/A Agu Name 1844 NW | | |
| | , | 4-2774 | |
| | Daytime i | elephone number | |

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

ARTICLES OF INCORPORATION

in compliance with Chapter 607 and/or Chapter, .F.S (profit)

ARTICLE 1

THE NAME OF THE CORPORATION SHALL BE: MASTER GRANITE & MARBLE CORP.

ARTICLE II

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

1844 NW 21 TERRA

MIAMI

FLORIDA

33142

ARTICLE III

THE PURPOSE FOR WHICH THIS CORPORATION IS ORGANIZED IS: SALE & INSTALLATION GRANITE/MARMOL

ARTICLE IV

THE NUMBER OF SHARES THE CORPORATION IS AUTHORIZED TO ISSUE IS:

ARTICLE V

THE OFFICERS ARE:

SONIA AGUILAR

PRESIDENT

FRANCISCO SORIANO

VICE-PRESIDENT

ARTICLE VI

THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

SONIA AGUILAR 1844 NW 21 TERRA

MIAMI

FLORIDA

33142

I CERTIFY THAT I AM FAMILIAR WITH AND ACCEPT THE RESPONSIBILITIES OF REGISTERED AGENT.

REGISTERED AGENT SIGNATURE:

SONIA AGUILAR

ARTICLE VII

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

RAUL AMAYA 436 ORIOLE AVE MIAMI SPRING FL 33166

INCORPORATOR SIGNATURE:

RAUL AMAYA

| \$ | ********* | ****** |
|--|-----------|----------|
| Having been named as registered agent to accept at the place designated in this certificate, I am fam agent and agree to act in this capacity. | | |
| SONIA Aguilar | | |
| Registered Agent SONIA AGUILAR | Date | 01-09-06 |
| | | |
| Incorporator RAUL AMAYA | Date | 01-09-06 |