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LAZARUS CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy Pick up time 2.00 ☐ Mail out Will wait Photocopy Certificate of Status **NEW FILINGS** AMENDMENTS Profit Amendment Resignation of R.A., Officer/Director ■ Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION ☐ Foreign Annual Report ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Meli Export co.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

344 NE80 St 33138 Miami Fl

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

344 NE 80 St 33138 Miami FL. Melisena F. Jacsaint

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: 8840NW 18 AVE Miami FL 33147

Melisena Jacsaint

The undersigned incorporator has executed these Articles of Incorporation this day of 2005.

Signature

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Melisenaf Jacsaint President

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, 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 related 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 Signature