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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
1. SGUADRA INVES	STMENT GROUP & ASSOCIATES	
2. (Corporation Name)	(Document #)	
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OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other	
	Examiner's Initials	

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#### ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 1 - NAME**

The name of the corporation shall be:

Squadra Investment Group 3 Associates INC

#### **ARTICLE II - PRINCIPAL OFFICE**

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

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

10.000

### ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Amporo Gaitan 12879 SW 62 LN Miami Fla 33183

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Amparo Gaitan 12879 SW 62 LN Miami Fla 33183

The undersigned incorporator has executed these Articles of Incorporation this day of 2006.

Amparo Gallano Signature

#### **ARTICLE VI- DIRECTOR (S)**

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

Presidente - Guillermo oms

Vice Presidente - Amparo Gaitan

Administrador - Caslos Gaitan

Secretario - Heidy oms Rosell

Tasorota

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