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LAZARUS CORPORATE FILING SERVICE

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):		
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NEW FILINGS	<u>AMENDMENTS</u>		
Profit	Amendment		
☐ Not for Profit	Resignation of R.A., Officer/Director		
Limited Liability	Change of Registered Agent		
Domestication On the Domestication	Dissolution/Withdrawal		
Other	☐ Merger		
OTHER FILINGS	REGISTRATION/QUALIFICATION		
Annual Report Fictitious Name	Foreign		
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	Other		
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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming SECRETARY UF STATE 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: MSU Distribution INC.

ARTICLE II - PRINCIPAL OFFICE

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

1800, 5 W 1 St Suite 102 Miami, FL 33135

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:

HENRY William MARSHALL JR. 1800 S.W 1.St Suite 102 Miami, FC 33135

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and si Incorporation is:	reet address of th	e Incorporator to	o these Articles of
<i>H</i>	HENRY	WilliAM	MARSHAll DR.
	1800 5. W	115/ =	MARSHAll JR.
	MIAMI, FC	33135	
The undersigned	I incorporator has	executed these	Articles of

ARTICLE VI DIRECTOR(S)

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

HENRY William MARShall JR.

Presidente.

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