

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : XIOMARA LEE, P.A.

Account Number : I2004000008

Phone. .; (305)262-2323

Fax Number : (305)262-2324



FLORIDA PROFIT/NON PROFIT CORPORATION

OILPALMS INC.

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 01 |
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: OILPALMS INC.

2007 FEB 19 AM 10: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 16820 SW 200 ST MIAMI, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
ALBA SERRANO (PRESIDENT/DIRECTOR)
16820 SW 200 ST
MIAMI, FL 33186

ARTICLE VI REGISTERED AGENT

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

ALBA SERRANO 16820 SW 200 ST MIAMI, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALBA SERRANO 16820 SW 200 ST MIAMI, FL 33186

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

allo Lenono

02/15/2007 Date

Signature/Incorporator

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