Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number: 071001002335

Phone : (305)599-0839

: (305)716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

GREMALIZ, INC

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu Corporate Filing Menu

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSSINESS CORPORATION ACT, HERE BY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME.

THE NAME OF THE CORPORATION SHALL BE: GREMALIZ, INC

ARTICLE II PRINCIPAL OFFICE.

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

8700 SW 133 AVENUE ROAD 8422, MIAMI, FL, 33183

ARTICLE III SHARES

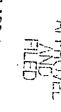
THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

THIS CORPORATION IS AUTHORIZED TO ISSUE 100 SHARES OF \$ 1.00 PER VALUE COMMON STOCK.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

THE NAME AND ADDRESS OF THE OF THE INITIAL REGISTERED AGEN

BARBARA TANIA VALDES 8700 SW 133 AVE ROAD 8422 MIAMI, FL, 33183 07 APR 18 MH 10: 50



ARTICLE V INCORPORATOR (S)

THE NAME (S) AND STREET ADDRESS (S) OF THE INCORPORATOR (S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

BARBARA TANIA VALDES 8700 SW 133 AVE ROAD 8422 MIAMI, FL, 33183

LIZBETH JMENEZ 8700 SW 133 AVE ROAD 8422 MIAMI, FL, 33183

ARTICLE VI DIRECTOR (S)

THE NAME AND STREET ADDRESS (E) OF THE DIRECTOR (S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

BARBARA TANIA VALDES 8700 SW 133 AVE ROAD 50% 8422 MIAMI, FL, 33183

LIZBETH JIMENEZ 8700 SW 133 AVE ROAD 50% 8422 MIAMI, FL, 33183

THE UNDERSIGNED INCORPORATOR SO HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS 18 DAYS OF APRIL OF 2007.

SIGNATURE

SIGNATURE

ARTICLES OF INCORPOTATION FILING FEE-\$ 35.00

"PURSUANT TO THE PROVISIONS OF SECTIONS 60 OR, FLORIDA STATUTES. THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERE OFFICE / REGISTERED AGENT, IN THE STATE OF FLORIDA.

1	THE N	AME	OFTHE	CORPOR	ATION	IS:
١.	TUCK	ACIVIC:	USC ITIES	COMOR	α	10.

2.	THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE	E KS:
	GREMALIZ, INC	CALIA
	(NAME)	
	8700 SW 133 AVE ROAD 8422 MIAMI, FL, 33183	FLORIDA
	(ADDRESS)	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND ACREE TO ACT IN THIS CAPACITY. IFURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELAYING TO THE PROPER AND COMPLETE. PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEP THE OBLIGATIONS OF MY POSITION AS REGISTERES AGENT.

(P.O BOX NOT ACCEPTABLE)

SIGNATURE

DATE

REGISTERED AGENT FILIG FEE: \$ 35.00