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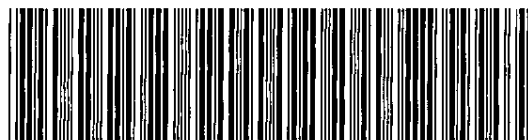
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FLORIDA STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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2008 NOV -6 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Charter Number Only

11/5/08

Cast Management

Requester's Name

4805 NW 79 AVE #9

Address

DORAL, FL 33166

City

State

ZIP

Phone

VALIDATION ONLY

CORPORATION(S) NAME

C.I. Neogrande INC.

☒

Profit

☐

NonProfit

☐

Amendment

☐

Merger

☐

Foreign

☐

Dissolution

☐

Mark

☐

Limited Partnership

☐

Annual Report

☐

Other

☐

Reinstatement

☐

Reservation

☐

Change of Registered Agent

☒

Certified Copy

☐

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Certificate Under Seal

☐

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Call If Problem

☐

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W.P. Verifier

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Empire Toll Free: 1-800-432-3028

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2008 NOV -6 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

WE THE UNDERSIGNED, HEREBY ASSOCIATE OURSELVES TOGETHER FOR THE PURPOSE OF BECOMING A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA PROVIDING FOR THE FORMATION OF A CORPORATION FOR PROFIT WITH THE POWERS, RIGHTS, PRIVILEGES AND IMMUNITIES HEREINAFTER MENTIONED, AND WE HEREBY MAKE, SUBSCRIBE AND ACKNOWLEDGE AND FILE WITH THE SECRETARY OF FLORIDA THESE ARTICLES OF INCORPORATION; AND TO THAT END WE DO, BY THESE ARTICLES, SET FORTH:

### ARTICLE I

THE NAME OF THIS CORPORATION (WHICH IS HEREINAFTER CALLED THE "CORPORATION IS C.I.NEOGRANDE INC.

### ARTICLE II

THIS CORPORATION SHALL EXIST PERPETUALLY; CORPORATION EXISTANCE SHALL BEGAIN ON THE DAY UPON WHICH THESE ARTICLES ARE APPROVED BY THE SECRETARY OF THE STATE OF FLORIDA.

### ARTICLE III

THE PURPOSE OF THIS CORPORATION IS TO TRANSACT ANY OR ALL LAWFUL BUSINESSES FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER CHAPTER 607 OF THE FLORIDA STATUTES. INCLUDING, BUT NOT LIMITED TO EXPORT, IMPORT AND SALE OF CONBUSTIBLE GOODS AND RELATED PRODUCTS.

### ARTICLE IV

THIS CORPORATION IS AUTHORIZED TO ISSUE FIVE HUNDRED (500) SHARES OF COMMON STOCK, WHICH SAID SHARES SHALL HAVE A PAR VALUE OF TEN (\$ 10.00) DOLLARS PER SHARE UPON ISSUANCE.

#### ARTICLE V

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE AT 4805 NW 79 AVE SUITE # 9 DORAL, FLORIDA 33166. WITH THE PRIVILEGE OF HAVING BRANCH OFFICES WITHIN AND WITHOUT THE STATE OF FLORIDA.

#### ARTICLE VI

THE INITIAL REGISTERED AGENT OF THIS CORPORATION UPON WHICH PROCESS MAY BE SERVED IS LOUIS F. CAST 4805 NW 79 AVENUE SUITE #9 DORAL, FLORIDA 33166

#### ARTICLE VII

THIS CORPORATION SHALL HAVE ONE DIRECTOR INITIALLY.

THE NUMBER OF DIRECTORS SHALL BE FIXED BY LAW AND MAY BE CHANGED FROM TIME TO TIME.

THE NAME AND STREET ADDRESS OF THE INITIAL DIRECTOR OF THIS CORPORATION IS DAVID CURE DAU 4805 NW 79 AVE SUITE #9 DORAL, FLORIDA 33166

THE AFORMENTIONED DIRECTOR SHALL HOLD OFFICE FOR THE YEAR OF THIS CORPORATION EXISTANCE OR UNTIL A SUCCESSOR IS CHOSEN AS PROVIDED FOR IN THE BY LAWS.

#### ARTICLE VIII

THE INITIAL OFFICERS OF THIS CORPORATION AND THEIR ADDRESSES ARE:

PRESIDENT: DAVID CURE DAU 4805 NW 79 AVE # 9 DORAL, FLORIDA 33166


VICE PRESIDENT: NEFA CURE 4805 NW 79 AVENUE #9 DORAL, FLORIDA 33166

SECRETARY: AURA MUNOZ 4805 NW 79 AVE #9 DORAL, FLORIDA 33166

TREASURER : AURA MUNOZ 4805 NW 79 AVE #9 DORAL, FLORIDA 33166

#### ARTICLE IX

THE NAME AND STREET ADDRESS OF THE  
UNDERSIGNED HAS EXECUTED THESE ARTICLES OF INCORPORATION  
DAVID CURE DAU 4805 NW 79 AVE #9 DORAL, FLORIDA 33166

  
\_\_\_\_\_  
SIGNATURE / TITLE  
DAVID CURE DAU, PRESIDENT

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE

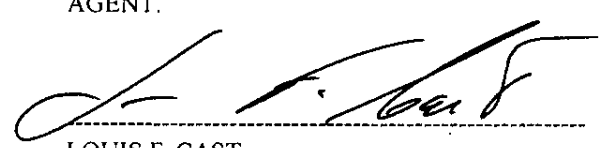
PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA

1. THE NAME OF THE CORPORATION IS :C.I. NEOGRANDE INC.
2. THE NAME AND STREET ADDRESS OF THE REGISTERED AGENT IS LOUIS F. CAST 4805  
NW 79 AVENUE SUITE # 9 DORAL, FLORIDA 33166

  
\_\_\_\_\_  
SIGNATURE

DAVID CURE DAU  
PRESIDENT

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 AGREE TO ACT IN THIS  
CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES  
RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM  
FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED  
AGENT.

  
\_\_\_\_\_  
LOUIS F. CAST  
REGISTERED AGENT  
NOVEMBER 04, 2008

FILED  
2008 NOV -6 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA