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To:

Division of Corporations

Fax Number

: (950)617-6381

From:

: LAZARUS CORPORATE ETLING SERVICE, INC. Account Name

Account Number : I20000000019

Phone

: (305) 552-5973

Fax Number

: (305)220-1440

FLORIDA PROFIT/NON PROFIT CORPORATION

VALLESPI BAKERY & FOOD SERVICES CORP.

Certificate of Status Certified Copy Page Count 03 Estimated Charge \$78.75

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FROM : LAZARUS

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SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

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:

VAllespi BAKERY & FOOD SERVICE COMP.

ARTICLE II - PRINCIPAL OFFICE

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

13920 SW 47 SMET UNIT ALO3 WIAMI, F/ 33175

ARTICLE III - SHARES

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

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Nivaka KlantivEZ.
13920 SW 47 STAREN UNIT A103
MIAMI, F/ 83175

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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:

NivekA KARTIVEZ 13920 5W 47 STREET UNITA1W3 14, AM, FT 33175

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES

OF INCORPORATION THIS _____ DAY OF______, 200 ⁴

SIGNATURE

ARTICLE VI - DIRECTOR(S)

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

NIURKA MARTINEZ (P) DEINALDO MARTINEZ (VP)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

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