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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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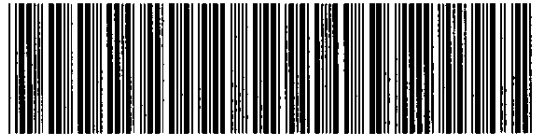
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL 14 PM 3:29

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7-16-09

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: TRI-COLOR, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Marcelo Suarez
 Name (Printed or typed)

18281 SW 146 Avenue
 Address

Miami, Florida 33177
 City, State & Zip

786-564-5334
 Daytime Telephone number

mx5s@aol.com
 E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: TRI-COLOR, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

18281 SW 146 Ave
Miami, FL 33177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For the importation and Exportation of wine and goods
For commercial purposes

ARTICLE IV SHARES

The number of shares of stock is: 100 at par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Marcelo Suarez - owner / Director

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Marcelo Suarez,
18281 SW 146 Ave.
Miami, FL 33177

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marcelo Suarez
18281 SW 146 Ave
Miami, FL 33177

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

Signature/Incorporator

Date

Date

FILED

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CLERK OF STATE
TALLAHASSEE, FLORIDA