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Florida Department of State
Division of Corporations
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To: Division of Corporations
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01-01-2010

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FLORIDA PROFIT/NON PROFIT CORPORATION
MARICARY TRAVELING SERVICES, CORP

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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.

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TALLAHASSEE, FLORIDA

ARTICLE I - NAME

Effective Date

01-01-2010

THE NAME OF THE CORPORATION SHALL BE:

MARI@RY TRAVELING SERVICES, CORP.
EFFECTIVE DATE: 01/01/2010

ARTICLE II - PRINCIPAL OFFICE

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

945 SW 154 ST, MIAMI, FL 33194

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

REINALDO AVALES
945 SW 154 ST, MIAMI, FL 33194

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JUL-

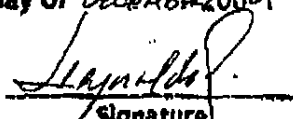
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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

REINALDO AVALOS
945 SW 154 CT, MIAMI, FL 33194

The undersigned incorporator has executed these Articles of Incorporation this 14 day of DECEMBER 2009


Signature

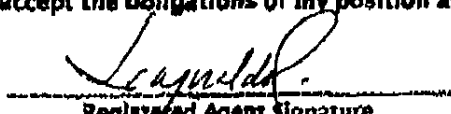
ARTICLE VI - DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

REINALDO AVALOS - PRESIDENT
945 SW 154 CT, MIAMI, FL 33194

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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