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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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FLORIDA PROFIT/NON PROFIT CORPORATION
marfina investment, inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
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10 OCT 14 AM 10:44
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

10 OCT 14 PM 1:51

ARTICLE I NAME
The name of the corporation shall be: MARFINA INVESTMENT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address
20533 BISCAYNE BLVD. #4
SUITE 802
AVENTURA, FLORIDA 33180

Mailing address, if different is:
20533 BISCAYNE BLVD. #4
SUITE 802
AVENTURA, FLORIDA 33180

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
GENERAL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARCELO PALLARES - DIR. SEC.
Address: 20533 BISCAYNE BLVD. #4
SUITE 802
AVENTURA, FLORIDA 33180

Name and Title: _____
Address: _____

Name and Title: JOSEFINA ARROYO - PRESIDENT
Address: 20533 BISCAYNE BLVD. #4
SUITE 802
AVENTURA, FLORIDA 33180

Name and Title: _____
Address: _____

Name and Title: SANTIAGO PALLARES - TREASURER
Address: 20533 BISCAYNE BLVD. #4
SUITE 802
AVENTURA, FLORIDA 33180

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: JUAN CARLOS VELASQUEZ
Address: 1111 TWELVE STREET #103
KEY WEST, FLORIDA 33040

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARCELO PALLARES
Address: 20533 BISCAYNE BLVD. #4, SUITE 802
AVENTURA, FLORIDA 33180

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

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true, I am aware that the false information submitted to a document to the Department of State constitutes a crime as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date

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