

# P10000091327

**Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
METASAP, CORP.**

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## **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:

METASAP, CORP.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

1234 SW 150TH PLACE  
MIAMI, FLORIDA 33194

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

100 COMMON SHARES PAR VALUE \$1,000.00

### **ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT  
LUIS OLIVARES  
1234 SW 150TH PLACE  
MIAMI, FLORIDA 33194

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PAGE 2 METASAP, CORP.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

LUIS OLIVARES  
1234 SW 150TH PLACE  
MIAMI, FLORIDA 33194

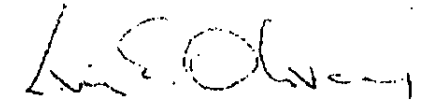
**ARTICLE VII INCORPORATOR**

The name and street address of the incorporator is:

LUIS OLIVARES  
1234 SW 150TH PLACE  
MIAMI, FLORIDA 33194

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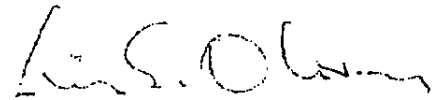
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



LUIS OLIVARES / Registered Agent

Nov 08, 2010

Date



LUIS OLIVARES /Incorporator

Nov 08, 2010

Date

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