Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: CSH SERVICES, LLC

Account Number : 120070000160

Phone Fax Number : (800)494-3124 : (561)455-9885

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION GESTFLY USA, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

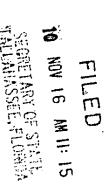
The name of the corporation shall be:

GESTFLY USA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8209 NW 70TH STREET MIAMI, FLORIDA 33166



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:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

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

PRESIDENT

FABIO HERNAN LOPEZ LOPEZ 8209 NW 70TH STREET MIAMI, FLORIDA 33166

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ARTICLE VI REGISTERED AGENT

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

EVERARDO A AMARIS 8209 NW 70TH STREET MIAMI, FLORIDA 33166

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

EVERARDO A AMARIS 8209 NW 70TH STREET MIAMI, FLORIDA 33166



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.

EVERARDO A AMARIS / Registered Agent

EVERARDO A AMARIS /Incorporator

/// / (Date /