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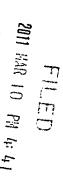
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| PICK-UP WAIT MAIL | |
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| (Business Entity Name) | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: BARODRI, INC | | |
|--|---|--|
| | TE NAME – <u>MUST INCLUDE SUFFIX</u>) | |
| Enclosed are an original and one (1) copy of the artic | cles of incorporation and a check for: | |
| \$70.00 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED | |
| FROM: GONZALO BARALT Name (Printed or typed) | | |
| 10855 NW 88 TER # 201 Address | | |
| Miami, FL | 33178 State & Zip | |
| 78654157 | 72 | |
| genzalobaro | elephone number I Company Company I 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: BARODE | zi, Inc |
|--|---|
| PRINCIPAL OFFICE Principal street address 10855 NW 66 TER MIAMI, FL 33178 | Mailing address, if different is: 10855 NW 88 TER #201 MIAMI FL 33178 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized in MATERIALS. | s: It's going to Transport Construct |
| ARTICLE IV SHARES The number of shares of stock is: 1000 | 201 MAR |
| Name and Title: Address: | Name and Title: Address: |
| Name and Title:Address: | Name and Title: Address: |
| Name and Title: Address: | Name and Title: Address: |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT Name: Address: 10055 NW 99 Te Mi Ami, FL 331 | |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: Name: Address: Name: Address: Address: Name: Address: Addres | LT TER # 201 78 |
| | rvice of process for the above stated corporation at the place designated in interest as registered agent and agree to act in this capacity |
| Required Signature/Registe | O3 O8 2011 red Agent Date |
| | ted herein are true. I am aware that the false information submitted in a |
| | 03/08/2011 |
| Required Signature/Incom | rporator Date |