

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
INVERSIONES 1301 C.A., CORP.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 02      |
| Estimated Charge      | \$78.75 |

DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION SECRETARY OF STATE  
TALLAHASSEE FLORIDA

For

INVERSIONES 1301 C.A., CORP.

ARTICLE I: NAME

The name of the corporation shall be:

INVERSIONES 1301 C.A., CORP.

ARTICLE II: PRINCIPAL OFFICE

Principal street address Mailing address, if different is: 2400 NE 42<sup>nd</sup> AVE -  
Homestead, FL 33033

ARTICLE III: PURPOSE

The purpose for which the corporation is organized is:

Import and Export and general services, sales and purchases, or transact any or  
all lawful activities or business permitted under the laws of the United States,  
the State of Florida any other state, country, territory or nation.

ARTICLE IV: SHARES

The number of shares of stock is: 1,000 SHARES \$ 1.00 PER VALUE

ARTICLE V: INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

CESAR A. BOLIVAR M. - 1,000 Shares

President, Secretary and Treasurer

2400 NE 42<sup>nd</sup> AVE

Homestead, FL 33033

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI: REGISTERED AGENT**

**Name and address:**

**CESAR A. BOLIVAR M.**

**2400 NE 42<sup>nd</sup> AVE**

**Homestead, FL 33033**

**ARTICLE VII: INCORPORATOR**

**The name and address of the Incorporator is:**

**Name: CESAR A. BOLIVAR M.**

**Address: 2400 NE 42<sup>nd</sup> AVE - Homestead, FL 33033**

*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: 05/03/2011**

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

**Required Signature:** \_\_\_\_\_

**Incorporator Date: 05/03/2011**