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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Email Address:

Account Name : BLANCO ACCOUNTING I, INC.

Account Number: I20100000060 Phone

: (305)828-1148

Fax Number

: (305)828-1709

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

| F | | |
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| FLORIDA PR | OFIT/NON PROFIT CORPO | RATION |

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Y & R EXPRESS, INC.

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6/30/2011 ---



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

| ARTICLE I | NAME Y & R EXPRESS, INC | c. IT JUN 30 AM 10: 3. |
|----------------------------------|--|--|
| The name of the co | orporation shall be: | |
| A DATE OF ST | PRINCIPAL OFFICE | SECRETARY OF STATE |
| AK 13CLE II | Principal street address | Mailing address, it different as F FLORID |
| 4 | 1285 NW 167 Terrace | 4285 NW 167 Terraca |
| | Jiami Gardens FL 33055 | Mlami Gardens FL 33055 |
| | | |
| 400000000000 | TO THE PARTY OF TH | |
| ARTICLE III | hich the corporation is organized is: | |
| ANY AND AL | L LAWFULL BUSINESS | |
| | | |
| • | | |
| | | |
| | | |
| ARTICLE IV | | |
| The number of shar | res of stock is: 100 | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECTOR | rs |
| Name and Ti | itle:Reinaldo Exposito Jimenez | Name and Title: |
| Address: | 4285 NW 167 Terrace | Address: |
| | Miami Gardens FL 33055 | |
| | | |
| Name and Ti | itle: | _ Name and Title: |
| Address: | | Address: |
| | | |
| • | | <u> </u> |
| Name and Ti | ida. | Name and Title: |
| Address: | | Address: |
| Addicas. | | |
| | | · · · · · · · · · · · · · · · · · · · |
| 4 DATES TO 177 | | |
| | REGISTERED AGENT ride street address (P.O. Box NOT acceptable) or | of the negistered report is: |
| Name: | Reinaldo Exposito Jimenez | |
| Address: | 4285 NW 167 Terrace | _ |
| | Mlami Gardens FL 33055 | - - |
| | , | |
| | INCORPORATOR | |
| The <u>name and add</u> Name: | Iress of the Incorporator is: | |
| Name: Address: | Reinaldo Exposito Jimenez 4285 NW 167 Terrace | - |
| Addicas. | Miami Gardens FL 33055 | - |
| | | _ |
| | | ss for the above stated corporation at the place designated in |
| this certificates I an | n familiar with and accept the appointment as reg | sistered agent and agree to act in this capacity |
| | | 00/00/0044 |
| | | 06/30/2011 |
| | Required Signature/Registered Agent | Date |
| I subwit Also does | ment and affirm that the facts stated herein are | e true. I am aware that the false information submitted in a |
| | ment and agjorn that the jacis stated hereth are epartment of State constitutes a third degree felon | |
| W. | The second secon | y magazina da mana mana mana mana mana mana mana |
| Na | | 06/30/2011 |
| | Required Signature/Incorporator | Date |
| (- A | d | |