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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Enone : (305) 634-3694
Fax Number : (305) 633-0606

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## FLORIDA PROFIT/NON PROFIT CORPORATION MUNDIAL REPRESENTACIONES C.A., COMPANY

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE II                                   | PRINCIPAL OFFICE   |                                      |                                   |
|--|--|--------------------------------------|-----------------------------------|
|  | Principal street address   | Mailino                              | address, if different is:         |
| G  | OVANNI SCIARRINO   | SAME                                 |                                   |
|  | 20 SW 52ND ST  |                                      |                                   |
|  | LAUDERDALE FL 33314  |                                      | 8                                 |
| '  |  |                                      |                                   |
| ARTICLE III P                                | URPOSE   |                                      | 21                                |
| The purpose for whi                          | ich the corporation is organized is:   |                                      |                                   |
| ANY AND ALL                                  | . LAWFÜL PURPÖSE   |                                      | Ţ                                 |
|  |  |                                      |                                   |
|  |  |                                      |                                   |
|  |  |                                      |                                   |
|  |  |                                      |                                   |
| ARTICLE IV S                                 | HARES  |                                      |                                   |
| he number of share                           | of stock is: 100   |                                      |                                   |
| RTICLE V I                                   | NITIAL OFFICERS AND/OR DIRECTO   | npë                                  |                                   |
|  | PRESIDENT  |                                      |                                   |
| Address:                                     | GIOVANNI SCIARRINO   |                                      |                                   |
| 1 EGGI COM                                   | 4320 SW 52ND STREET  | <del>_</del>                         |                                   |
|  | FT LAUDERDALE FL 33314   |                                      |                                   |
|  | · · · · · · · · · · · · · · · · · · ·  |                                      |                                   |
|  | <u> </u>   | Name and Title:                      |                                   |
| Address:                                     |  | Address:                             |                                   |
|  |  | _                                    |                                   |
|  |  |                                      |                                   |
| Name and Title                               |  | Name and Title:                      |                                   |
| Address:                                     |  | Address:                             |                                   |
|  |  |                                      |                                   |
|  |  |                                      |                                   |
| 1 10 AND | Delegan St. Annual   |                                      |                                   |
|  | EGISTERED AGENT  | a dala a manana di a manana dan      |                                   |
| Name:  | la street address (P.O. Box NOT acceptable) GIOVANNI SCIARRINO                                   | of the registered agent is:          |                                   |
| Address:                                     | 4320 SW 52ND STREET  |                                      |                                   |
| Augiças.                                     | ET LAUDERDALE EL 33314   | <del></del>                          |                                   |
|  | ET CHUMERUALE, M. 333.14.  | <b>-</b>                             |                                   |
|  | NCORPORATOR  |                                      |                                   |
| he <u>name and addre</u>                     | ss of the Incorporator is:   |                                      |                                   |
| Name:  | GIOVANNI SCIARRINO   |                                      |                                   |
| Address:                                     | 4320 SW 52ND STREET  | _                                    |                                   |
|  | FT_LAUDERDALE, FL 33314  | _                                    |                                   |
| Construe Among semanad                       |  |                                      |                                   |
| uring veen namea<br>is cartificate I am t    | as registered agent to accept service of proce<br>familiar with and accept the appointment as re | ess for the above stated corp.       | oration ut the place designated i |
|  | чишие мил сни иссері те прроцинена из ге   | Eisieren aleut aun allee to          | act in this capacity              |
| 14) 1/2                                      |  |                                      | 44/04/0044                        |
| Limo   | Required Signature/Registered Agent  |                                      | 11/21/2011                        |
| 1. J.  | Required Signature/Registered Agent  |                                      | Dare                              |
| 4<br>Submit this docum                       | ent und affirm that the facts stated herein ar   | e true. I am moore that the          | false information submitted in    |
| ocument to the Deni                          | urtment of State constitutes a third degree felo   | nv <u>av provided far</u> in c.817 1 | 55. F.S.                          |
| 75 /   |  |                                      |                                   |
| Timpl.                                       |  |                                      | 11/21/2011                        |
|  | Required Signature/Incorporator  |                                      | Date                              |
|  |  |                                      |                                   |