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 Florida Department of State  
 Division of Corporations  
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**To:**

Division of Corporations  
 Fax Number : (850) 617-6381

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
 Account Number : 072450003255  
 Phone : (305) 634-3694  
 Fax Number : (305) 633-9696

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

**Email Address:** \_\_\_\_\_

**RECEIVED**  
 11 NOV 23 PM 2:35  
 DIVISION OF CORPORATIONS

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 HOLYMIA CORP.**

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

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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*MRD11/28*

H 11000 277427

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

**ARTICLE I NAME** HOLYMIA CORP.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
21 S.W. 15 ROAD  
SUITE 200  
MIAMI, FL 33129

Mailing address, if different is:  
SAME

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
GENERAL PURPOSE

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: D/P/S ANA ROSA SANTIAGO  
Address: 21 S.W. 15 ROAD  
SUITE 200  
MIAMI, FL 33129

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: VP/T AINHOA MARIA PIERMATTEI  
Address: 21 S.W. 15 ROAD  
SUITE 200  
MIAMI, FL 33129

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: VP AGOSTINA PIERMATTEI  
Address: 21 S.W. 15 ROAD  
SUITE 200  
MIAMI, FL 33129

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: INAKI SAIZARBITORIA  
Address: 21 S.W. 15 ROAD SUITE 200  
MIAMI, FL 33129

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: ANA ROSA SANTIAGO  
Address: 21 S.W. 15 ROAD SUITE 200  
MIAMI, FL 33129

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

11-23-11  
\_\_\_\_\_  
Date

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/Registered Agent

11-23-11  
\_\_\_\_\_  
Date

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