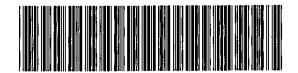
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DEFACTOR OF CORPORATION TALE.

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COVER LETTER

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

SUBJECT: Empresa Geneti PROPOSED CORPORA	ica de Occid	lente C.A.
/ (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
	ADDITIONAL CO	PY REQUIRED
FROM: Lary H. Oraz Zam		
955 a 25 st A	Apt L-Z Pote.	rson NJ
·	Address	
Hew Jerse City,	State & Zin	
Daytime T	924 6662. Telephone number	
Droseagro 25 E-mail address: (to be use	Chotmail .co	m.
E-mail address: (to be use	d for future annual report i	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: Empresa	Genetica	de occid	ente o	C.A.	IN
ARTICLE II PRINCIPAL OFFICE Principal street address .		_			
955 6 2 ST APT 1-2 Pareson, NJ 078	 573	Mailing address, if different is:			
ARTICLE III PURPOSE The purpose for which the corporation is organized is:					
VetE	rinary and	x on; mc	e hel	P	
ARTICLE IV SHARES The number of shares of stock is:					
ARTICLE V INITIAL OFFICERS AND/OR. Name and Title: Larry H. Usoz Lome Address: Urbanizacion La J. Cosa N: 39 El. J. Menda Venezuela	Cumbres Addres				
Name and Title: Maine Jole Jimene Address: Calle Jucre antre I y su Campo Eliss I Machiguel Estado	· CISO S/d Addres	and Title:			
Name and Title: Address:	Name a	and Title:s:	AHASS	100 T	
ARTICLE VI REGISTERED AGENT				a n	
The name and Florida street address (P.O. Box NOT: Name: Address: Address: Marathon, Florida The name and Florida street address (P.O. Box NOT: Address: Marathon, Florida The name and Florida street address (P.O. Box NOT: Address: Marathon, Florida The name and Florida street address (P.O. Box NOT: Name: Address: Address:	Dve	ered agent is:	FLORIDA	1:24	
ARTICLE VIIINCORPORATOR					
The name and address of the Incorporator is Name: Address: Address: Lary N. Dat Za Usb. Las Cumbros Ca EL vigia Merida Ver	entrano no N-37.				
Having been named as registered agent to accept serv this certificate, I am familiar with and accept the appoin	ice of process for the outpet				ated in
Lary 11 Osar Zambrar Required Signature/Registere	0		12/2	19/201	<u> </u>
		m awara that the		Date	
I submit this document and affirm that the facts state document to the Department of State constitutes a third			5, F.S.		
Land of Box Tambano			12/2	9/201	7.

Required Signature/Incorporator