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

12 FEB 23 PM 12:14

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ALMAFE, INC.

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

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TALLAHASSEE, FLORIDA

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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: ALMAFE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
485 BRICKELL AVE.	485 BRICKELL AVE
SUITE 2305	SUITE 2305
MIAMI, FLORIDA 33131	MIAMI, FLORIDA 33131

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 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEXIA KEGLEVICH-DIR.-PRES.-SEC-TREAS.
Address: 485 BRICKELL AVE.
SUITE 2305
MIAMI, FLORIDA 33131

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: TANYA STEPHANIE DE POLI
Address: 485 BRICKELL AVE. SUITE 2305
MIMAI, FLORIDA 33131

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: ALEXIA KEGLEVICH
Address: 485 BRICKELL AVE. SUITE 2305
MIAMI, FLORIDA 33131

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: 2-22-12

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: 2-22-12

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