P1200003/630

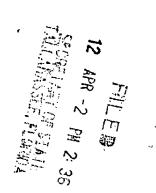
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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COVER LETTER

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

SUBJECT: MOPREX TRA.	OING CORPORATION MATERIANE-MUST INCLUDE SUFFIX)
	. •
Enclosed are an original and one (1) copy of the ar	rticles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: <u>Leonardo Capra</u> Nar	ne (Printed or typed)
8544 NW 93rd Street	Address
Medley, FL 33166	y, State & Zip
(305) 805-1550 Daytime	Telephone number
leonardocapra@dracof	reight.com sed for future annual report 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 A T		FALED
	Moprex Trading Corp	oration	
4 0/07/01 10 17	PRINCIPAL OFFICE		12 APR -2 PM 2: 36
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing	address; if different is 5 4 1
	8544 NW 93rd Street	Maning	TATE MARKET EL DELLA
	Medley, FL 33166	<u> </u>	The state of the s
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
	lawful business		
-			
ARTICLE IV			
The number of sh	ares of stock is:1000		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS	
Name and	Title:Leonardo Capra - President	Name and Title:	
Address:	8544 NW 93rd Street	Address:	
	Medley, FL 33166		
Name and	Title:	Name and Title:	
Address:		Address:	
Niama and '	Tista.	Name and Tide.	
Address:	Title:		
Addiess.	<u> </u>		·
•			
	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT acceptable	NaCaba manistanad amant in	
Name:	Leonardo Capra		
Address:	8544 NW 93rd Street		
	Medley, FL 33166		
	•		
	INCORPORATOR		
Name:	ddress of the Incorporator is: Leonardo Capra		
Address:	8544 NW 93rd Street		
	Medley, FL 33166		
	•		
	med as registered agent to accept service of pro		
inis cerujicaie, i	am fam iliar with and accept the app ointment as	registerea agent ana agree to	act in this capacity
1			March 28, 2012
	Required Signature/Registered Agent	<u> </u>	
			Date
I submit this doc	cument and affirm that the facts stated herein	are true. I am aware that th	e false information submitted in a
document to the	Department of Stylte constitutes a third degree fe	lony as provided for in s.817.	155, F.S.
	10 K	•	
			March 28, 2012
-	Required Signature Ancorporator		Date