03/26/2030 01:01 his page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H120001285743))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850) 617-6381 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number: I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440 **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 DOCE CORP. Certificate of Status Certified Copy 1 Page Count Estimated Charge \$78,75

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May 11, 2012

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: DOCE CORP. REF: W12000026319

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12 MAY 14 AM 11: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF

DOCE CORP.

THE UNDERSIGNED, ACTING AS INCORPORATOR OF A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION:

ARTICLE I

The name and address of the corporation;

DOCE CORP. 2333 BRICKELL AVE SUITE 511 MIAMI, FL 33129

The making address

2333 BRICKELL AVE SUITE 511 MIAMI, FL 33129

ARTICLE IF

The period of its duration is perpetual

ARTICLE III

The date and time of the commencement of the corporate existence shall be the date of the filing of these Articles by the Department of State.

ARTICLE IV

The purpose(s) for which the corporation is organized is to engage in the transaction of any or all-Lawful business for which the corporation may be incorporated under the Florida General Corporation Act.

ARTICLE V

The aggregate number of shares, which corporation shall have authority to issue, is one hundred (100) shares of capital stock, \$ 1.00 par value.

ARTICLE VI

The number of directors constituting the initial Board of Directors of the corporation are two (2) and the names and addresses of the person(s) who are to serve as director(s) until the first annual meeting of shareholders or until the successors are elected and qualified are:

President

LUCIANO PANSINI

2333 BRICKELL AVE SUITE 511 MIAMI, FL 33129

Vice President:

MARICEL CRISTINA RAGGIO

2333 BRICKELL AVE SUITE 511 MIAMI, FL 33129

Director

GERMAN GRUDNY

2333 BRICKELL AVE SUITE 511 MIAMI FL 33129

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ARTICLE VII

The shares of Capital stock of this corporation shall be issued to the following person(s):

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Name

LUICANO PANSINI

2333 BRICKELL AVE SUITE 511 MIAMI, FL 33129

50%

MARICEL CRISTINA RAGGION 2333 BRICKELL AVE SUITE 511 MIAMI, FL:33129

50%

ARTICLE VIII

The name and address of the incorporator and the address of the principal office is:

GERMAN GRUDNY 2333 BRICKELL AVE SUITE 511 MIAMI, FL 33129

ARTICLE IX

The name and address of the initial registered agent is:

GERMAN GRUDNY 2333 BRICKELL AVE SUITE 511 MIAMI, FL 33129

Incorporator

Date: May 18, 2012

Initial Registered Agent

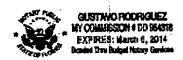
STATE OF FLOREDA COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this Thursday, May 10, 2012, GERMAN GRUDNY

the incorporator, who is personally known to me and who did take an oath.

G Trodique.

Gustavo Rodriguez, Notary Public State of Florida at Large



12 MAY 14 AM 11: 18 SECRETARY OF STATE . TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION-REGISTERED OFFICE

Pursuant to the provisions of Section 507.325, Florida Status, the undersigned corporation, organized corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is: DOCE CORP.

The name and address of the registered office is:

GERMAN GRUDNY 2333 BRICKELL AVE SUITE 511 MIAMI, FL 33129

Signature: Title:

INCORPORATOR

Date: May 10, 2012

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATED, I HEREBY AGREE TO ACT IN THIS CAPASITY, AND I FUTHER AGREE TO COMPLY WITH THE PROVISIOUS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607,325, FLORIDA STATUTES.

Signature: X Title:

Registered Agent

Date: May 10, 2012