Note: Please print this 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.

(((H12000141726 3)))



H120001417263ABCY

	will generate another cover sheet.
To:	
	Division of Corporations
	Fax Number : (850) 617-6381
From:	
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
	Account Number: 12000000019
	Phone : (305) 552-5973
	Fax Number : (305)220-1440
4 4 - 4	the email address for this business entity to be used for future
ann	the email address for this business entity to be used for future and report mailings. Enter only one email address please.
Ema	1 Address:
Ema:	[1] (4)
Ema:	
Ema:	
Ema:	FLORIDA PROFIT/NON PROFIT CORPORATION 25
Ema:	
Ema:	FLORIDA PROFIT/NON PROFIT CORPORATION 25
Ema:	FLORIDA PROFIT/NON PROFIT CORPORATION CERAMICA SPAIN USA DIVISION, INC
Ema:	FLORIDA PROFIT/NON PROFIT CORPORATION CERAMICA SPAIN USA DIVISION, INC Certificate of Status 0
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#7463 P.002/002

H12000141926

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

· FILED

	NAME CERAMICA SPAIN USA orporation shall be:	DIVISION,INC	12 MAY 30 AM 9:2
ARTICLE II	PRINCIPAL OFFICE		SECRETARY OF STATE
-	Principal street address	Mailing addre	ess if different is 3. C. 1 1000
	5350 NW. 77 CT	5350 NW 77 CT	
j	DORAL, FL. 33166	DORAL, FL. 3316	6
ARTICLE III			
	which the corporation is organized is: ort and distribution of ceramic products	from Spain	
ппротг, схр	or and distribution of ceramic products	- кош.ораш	
		•	
	•		
ARTICLE IV	SHARES ares of stock is: 100 shares		
The number of sha	ares of stock is: TOO SHATES		
	INITIAL OFFICERS AND/OR DIRECTORS		
Name and T	Title: Oscar G. Lopez	Name and Title:	
Address:	19820 NW 8 th Street		
	Pembroke Pines, Fl. 33029		
•	President, T, S		
Name and T	Fitle: Ceramica Spain Europe Division, St.	Nume and Title:	
Address:	C/ Malaga # 11 14540 La Rambla, Cordoba, Spain .	Address:	<u> </u>
	14540 La Rambla, Cordoba, Spain.		
	(Vice-president)	-	
Name and Title:		Name and Title:	
Address:		Address:	
ADMICE IN THE	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Oscar G. Lopez	uic registered agent to.	
Address:	5350 NW 77th Ct	, _	
	Doral, FL 33166	- -	
A DAWAT D TOT	***************************************		
	INCORPORATOR Idress of the Incorporator is		
Name:	OSCHR G. LODEZ		
Address:	5350 NU 71 CT	•	
	DOM FL 33166	•	
Yaving been non	ned as registered/ageliato accept/service of process	for the above stated corporal	tion at the place designated in
this certificate, 1 i	am familiar with and accept the appointment as regi	istered agent and agree to act t	n this capacity
	1-tt-K-		5/20/2012
 			5/29/2012
•	Required Signature Registered Agent		Date
I submit this doc	rument and affirm that perfects stated herein are	true. I am aware that the fal	lse information submitted in a
document to the l	Department of State synstitutes a third degree felony	as provided for in s.817.155.	F.S.
	,	• • • • • • • • • • • • • • • • • • • •	
			5/29/2012
	Remured Signature/Incorporator		Date