

JUL 19 2012 12:17PM CAPITAL CONNECTION 0950  
P120000063542  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

(((H120001860183)))



H120001860183ABC.

**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 : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 222-1222

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

Email Address: \_\_\_\_\_

FILED  
12 JUL 19 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**EL Faro Trading Company Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

RECEIVED  
12 JUL 19 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

MRS 7/20/12

**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: **El Faro Trading Company Inc.****ARTICLE II PRINCIPAL OFFICE**Principal street address  
**888 Brickell Key Drive, #2809**  
**Miami FL 33131**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

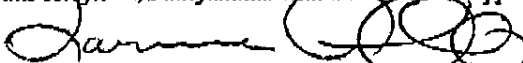
To operate an import/export business or any other lawful business.

**ARTICLE IV SHARES**The number of shares of stock is: **100 no par****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Rodrigo Gomez/President**  
Address: **888 Brickell Key Drive, #2809**  
**Miami, FL 33131**Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_Name and Title: **JORGE GOMEZ/VP**  
Address: **888 BRICKELL KEY DRIVE**  
**APT # 2809**  
**MIAMI, FL 33131**Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **Lawrence Arnkoff**  
Address: **9200 S. Dadeland Blvd. Suite 412**  
**Miami FL 33156****ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Lawrence Arnkoff**  
Address: **9103 Brent Meade Blvd.**  
**Brentwood TN 37027***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

**7-19-12**

Date

*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

**7-19-12**

Date

FILED  
12 JUL 19 AM 10:56  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE