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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : PADRO AND COMPANY, P.A.  
Account Number : 120050000094  
Phone : (305) 500-9361  
Fax Number : (305) 500-9492

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

Email Address: soquel@padroco.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
Under The Tuscany Sun, Inc.

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

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August 1, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

PADRO AND COMPANY, P.A.

SUBJECT: UNDER THE TUSCANY SUN, INC.  
REF: W12000040478

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

FAX Aud. #: H12000193591  
Letter Number: 012A00020135

H120001935913

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME** Under The Tuscany Sun, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
900 Biscayne Boulevard  
Suite 5708  
Miami, FL 33132

Mailing address, if different is:

P.O. Box 310247  
Miami, FL 33231

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Lawful Business Activities

**ARTICLE IV SHARES**

The number of shares of stock is: 5,500 shares @ \$1.00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

|                                         |                       |
|-----------------------------------------|-----------------------|
| Name and Title: Isabel Calama President | Name and Title: _____ |
| Address: 900 Biscayne Boulevard         | Address: _____        |
| Miami, FL 33132                         | _____                 |
| _____                                   | _____                 |
| _____                                   | _____                 |
| Name and Title: _____                   | Name and Title: _____ |
| Address: _____                          | Address: _____        |
| _____                                   | _____                 |
| _____                                   | _____                 |
| Name and Title: _____                   | Name and Title: _____ |
| Address: _____                          | Address: _____        |
| _____                                   | _____                 |
| _____                                   | _____                 |

**ARTICLE VI REGISTERED AGENT**

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

Name: Jose E. Padro  
Address: 2526 NW 87 Ave 120  
Miami, FL 33172

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Isabel Calama  
Address: 900 Biscayne Boulevard  
Miami, FL 33132

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.

*Jose E. Padro*

Required Signature/Registered Agent

7/30/12  
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.

*Isabel Calama*

Required Signature/Incorporator

7/30/2012  
Date

