

Division of Corporations Page 1 of 1  
**P12000092846**  
 Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
 Account Number : 072450003255  
 Phone : (305) 634-3694  
 Fax Number : (305) 633-9696

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 LUCHIS OF AMERICA, INC.**

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

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**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: **LUCHIS OF AMERICA, INC.**

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 20100 WEST COUNTRY CLUB DRIVE  
SUITE 309  
AVENTURA, FLORIDA 33180  
Mailing address, if different is: 20100 WEST COUNTRY CLUB DRIVE  
SUITE 309  
AVENTURA, FLORIDA 33180

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
**GENERAL PURPOSE**

**ARTICLE IV SHARES**  
The number of shares of stock is: **100 SHARES**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**  
Name and Title: GUSTAVO CESAR CUINA D-P-S-T Name and Title: \_\_\_\_\_  
Address: 20100 WEST COUNTRY CLUB DRIVE Address: \_\_\_\_\_  
SUITE 309 \_\_\_\_\_  
AVENTURA, FLORIDA 33180 \_\_\_\_\_  
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: MANUEL M. GARCIA  
Address: 8303 BLUE LAGOON DRIVE SUITE 200  
MIAMI, FLORIDA 33128

**ARTICLE VII INCORPORATOR**  
The name and address of the incorporator is:  
Name: GUSTAVO CESAR CUINA  
Address: 20100 WEST COUNTRY CLUB DRIVE SUITE 309  
AVENTURA, FLORIDA 33180

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

Manuel Garcia \_\_\_\_\_ 11/2/12  
Required Signature/Registered Agent 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.

[Signature] \_\_\_\_\_ 10/22/2012  
Required Signature/Incorporator Date

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