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DEPARTMENT OF STATE

12 NOV 28 AH 8: 05 SECRETARY OF STATE

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. Teresa Roman			
Ricarno IRanaque Requester's Name	TALLED 12 NOV 28 AM 8: 05		
3921 Colling Avenue Address	SECRETARY OF STATE 877-0936 RALLAHASSEE FLORIDA		
Miami Beach H. 33140 305- City/State/Zip Phone #	877-0936		
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CORPORATION NAME(S) & DOCU			
(Corporation Name)	(Document #)		
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(Corporation Name) Walk in Pick up time	(Document #) 2 · ο δ Certified Copy		
Walk in Pick up time Mail out	Photocopy Certificate of Status		
NEW FILINGS	AMENDMENTS		
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger		
OTHER FILINGS	REGISTRATION/QUALIFICATION		
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other		

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

ARTICLE I The name of the cor	NAME (POPATION Shall be: IPASA CONTRA	ACTORS C	ORPORATION
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
3	921 COLLINS AVENUE , MIAMI BEACH , FL 33140	,	
<u>-</u>	921 DOLLING RVERIOE , MININI BENCH , FE 35140		
ADMICE DITE	N. T. D. C.		
	PURPOSE nich the corporation is organized is:		
CONTRACTO	RS IN GENERAL		
			•
ADDICI D IV	CITADEC		
ARTICLE IV The number of share	SHARES es of stock is: 50'000,000 SHARES US\$ 1.00	EACH PER VALU	E
	INITIAL OFFICERS AND/OR DIRECTO Let LILIANA E. SAVA EXCECUTIVE- PRESIDENT		SALOMON PRUTSKYE: VICE-PRESIDENT
Address:	3921 COLINNS AVENUE , MIAMI BEACH, FL 33140	Name and Title Address:	3921 COLLINS AVENUE, MIAMI BEACH, FL 33140
Name and Tit	le: JOSEFF KALINKAWISKY DIRECTOR	Name and Title	SIGRID R. SHAPIRO'S SECRETARY
Address:	3921 COLLINS AVENUE. MIAMI BEACH, FL 33140	Address:	100 GOLDEN ISLES DR., HALLANDALE, FL 33009
			
		_	
Name and Tit	le; PABLO A. FERNANDEZ-SANCHEZ DIRECTOR	Name and Title	RUTH E. PERSICKO
Address:	2899 COLLINS AVENUE , MIAMI BEACH, FL 33140	Address:	3921 COLLINS AVENUE, MIAMI BEACH, FL 33140
			1, 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	REGISTERED AGENT		TAS S
The <u>name and Flor</u> Name:	ida street address (P.O. Box NOT acceptable) RICARDO IRANAQUE	of the registered ag	ent is:
Address:	100 GOLDEN ISLES DR., HALLANDALE, FL 33009		是前 是 m
			SN B
A DOTOL E THE	TAMOOR BORA TOO		S
	INCORPORATOR ress of the Incorporator is:		mes Ze lii
Name:	RICARDO IRANAQUE		[5일 œ 💆
Address:	100 GOLDEN ISLES DR. , HALLANDALE, FL 33009		S: 05
	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	<u> </u>	A
Having heen name	d as registered agent to accept pervice of proce	ess for the above st	sted corneration at the place decianated in
	i familiar with and accept the appointment as r		
	1) []	G	
	Who W		NOVEMBER 28, 2012
	Required Signature/Registered Agent		Date
I cubmit this door	nent and affirm that the facts spired herein ar	ia taua. I am aire	that the Cales informed an anti-
document to the De	partment of State constitutes a thirt degree feld	e irue. 1 am aware ony as provided for	in s.817.155, F.S.
,, <u></u>		\$ 110 provinces jor	
			NOVEMBER 28, 2012
	Required Signarung Incorporator		Date