

Florida Department of State  
Division of Corporations  
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**P12000100275**

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
TAGUAPIRE, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
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*K 12/10/12*

FILED  
12 DEC -7 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**H12000287730**  
**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: **TAGUAPIRE, CORP.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**11570 NW 83th WAY**  
**DORAL, FLORIDA 33178**

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **600 SHARES COMMON STOCK \$1.00 PAR VALUE**

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

Name and Title: **JULIO C. TIAPA MARTINEZ** Name and Title: \_\_\_\_\_  
Address: **11570 NW 83th WAY** Address: \_\_\_\_\_  
**DORAL, FLORIDA 33178** \_\_\_\_\_

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: **JULIO C. TIAPA MARTINEZ**  
Address: **11570 NW 83th WAY**  
**DORAL, FLORIDA 33178**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **JULIO C. TIAPA MARTINEZ**  
Address: **11570 NW 83th WAY**  
**MIAMI, FLORIDA 33178**

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

*[Handwritten Signature]*  
\_\_\_\_\_  
Required Signature/Registered Agent

**12-07-12**  
\_\_\_\_\_  
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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Required Signature/Incorporator

**12-07-12**  
\_\_\_\_\_  
Date

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