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**FLORIDA PROFIT/NON PROFIT CORPORATION
ST. MARY OIL COMPANY**

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**ARTICLES OF INCORPORATION
OF
ST. MARY OIL COMPANY**

The undersigned incorporator, for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopts the following Article of Incorporation.

ARTICLE I

The name of this corporation shall be: St. Mary Oil Company

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is:

3971 S.W. 8TH STREET, SUITE 308, MIAMI, FL 33134

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is 1,000 shares having an individual par value of \$1.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one class (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of the corporation shall be:

LAISAMMA JOSEPH
1006 WATERSIDE CIRCLE
WESTON, FL 33327

ARTICLE VII

The name and address of the officers and initial board of director(s) shall be:

1. LAISAMMA JOSEPH 1006 WATERSIDE CIRCLE
PRESIDENT, DIRECTOR WESTON, FL 33327

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

LAISAMMA JOSEPH
1006 WATERSIDE CIRCLE
WESTON, FL 33327

The undersigned has executed these Articles of Incorporation this 10th day of December 2012

Laisamma Joseph Incorporator Signature

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

ST. MARY OIL COMPANY
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: *Laisamma Joseph*
Registered Agent: LAISAMMA JOSEPH

ADDRESS:

CITY OF: WESTON

COUNTY OF:

BROWARD

STATE OF:

FLORIDA

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