

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BARINAS & ASSOCIATES INC.
Account Number : 120000000082
Phone : (305) 871-0889
Fax Number : (305) 870-9623

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
JORVI MANAGEMENT, INC

Certificate of Status	1
Certified Copy	0
Page Count	02
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME JORVI MANAGEMENT, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
8491 NW 17TH ST SUITE 101
DORAL, FL 33126

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSSINES

ARTICLE IV SHARES
The number of shares of stock is: 1000 SHARES AT NOT PART VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>PRESIDENT</u>	Name and Title: _____
Address: <u>RODRIGO VIDAL</u>	Address: _____
<u>8491 NW 17TH ST SUITE 101</u>	_____
<u>DORAL, FL 33126</u>	_____
Name and Title: <u>VICE PRESIDENT</u>	Name and Title: _____
Address: <u>RODOLFO AMPUDIA MARCO</u>	Address: _____
<u>8491 NW 17TH ST SUITE 101</u>	_____
<u>DORAL, FL 33126</u>	_____
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: RODRIGO VIDAL
Address: 8491 NW 17TH ST SUITE 101
DORAL, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RODRIGO VIDAL
Address: 8491 NW 17TH ST SUITE 101
DORAL, FL 33126

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

Required Signature/Registered Agent
12/10/2012
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.

Required Signature/Incorporator
12/10/2012
Date

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