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CORPORATIONS  
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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Interbanca Inc.  
(CORPORATE NAME) (DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

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New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
DEPARTMENT OF STATE  
13 FEB 18 AM 10:01

February 1, 2013

EXPRESS

SUBJECT: INTERBANCA INC  
Ref. Number: W13000006160

*[Handwritten signature and scribbles]*

We have received your document for INTERBANCA INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 855.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 913A00002517

**ARTICLES OF INCORPORATION OF  
SUPERINTER INC**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**Article I - Name**

The name of the corporation shall be:

**SUPERINTER INC**

**Article II - Principal Office**

The principal place of business shall be:

**81 SW 19 ROAD MIAMI, FL  
33129**

**Article III - Shares**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**ONE THOUSAND (1.000)**

**Article IV - Purpose**

To carry on and engage in any lawful business.

**Article V - Initial Registered Agent and Street Address**

The name and address of the initial registered agent is:

**LUIS F. JOJOA  
81 SW 19 ROAD  
MIAMI, FL 33129**

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TALLAHASSEE, FLORIDA

## Article VI - Incorporator(s)

The name(s) and street address (es) of the Incorporator(s) to these Articles of Incorporation is (are):

Name	Title	Address	Shares
LUIS F. JOJOA	PRESIDENT REGISTERED AGENT SECRETARY VICE PRESIDENT	81 SW 19 ROAD MIAMI, FL 33129	100%

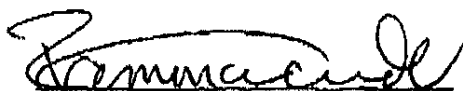
## Article VII Directors

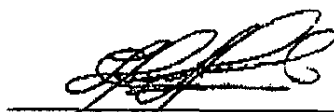
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

The same as Incorporators.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

30 day of January 2013

  
WITNESS:

  
\_\_\_\_\_  
LUIS F. JOJOA

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TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statute, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.


1. The name of the Corporation is: **SUPERINTER INC**

2. The name and address of the registered agent and office is:

**LUIS F. JOJOA**  
81 SW 19 ROAD  
MIAMI, FL 33129

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During been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

x  \_\_\_\_\_ (Seal)  
LUIS F. JOJOA