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**FLORIDA PROFIT/NON PROFIT CORPORATION
CKM MANAGEMENT INC**

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

CKM MANAGEMENT INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing of this Corporation shall be:

8301NW 30th Terrace
Doral Florida 33122

ARTICLE III CAPITAL STOCKS

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding any one time is:

100 shares @ \$ 5.00 per Value

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ARTICLE IV INITIAL REGISTERED AGENT AND
STREET ADDRESS

Sylvia Alvarez

540 Brickell Key Dr. # 706

Miami Fl. 33131

ARTICLE V ARTICLE DIRECTORS

The name(s) and address of initial director(s) to these Articles of Incorporation is (are)

Luz Marina Quinones

President

10898 SW 91 St
MIAMI FL. 33176-1314

Clemente B Quinones

Vice-President

10898 SW 91 ST
Miami fl. 33176-1314

NINOSKA VEGA

Secretary

13241 SW 25ST
MIAMI FL. 33175

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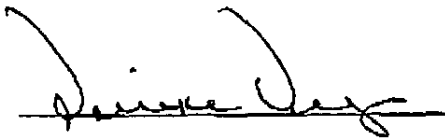
ARTICLE VI INCORPORATOR (S)

The name(s) and street address (es) of the incorporators(s) to this articles of the incorporation is (are)

NINOSKA VEGA
13241 SW 25 ST
MIAMI FL. 33175

IT WITNESS WHEREOF, the undersigned incorporator (s) has (have) executed these Article of Incorporation this 15th day of April of 2010

Signatures Incorporators



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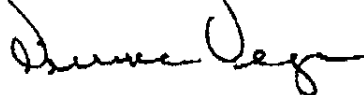
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STATE OF FLORIDA

COUNTY OF Miami Dade

THE FOREGOING instrument was acknowledged and sworn to before me this
27 days of March 2013 by NINOSKA VEGA (Name of the Incorporator)

OF CKM MANAGEMENT INC



Certificate of designation

Registered agent/ registered Office

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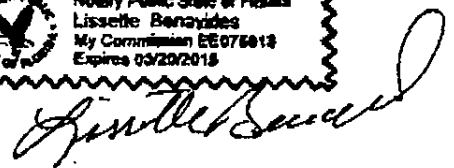
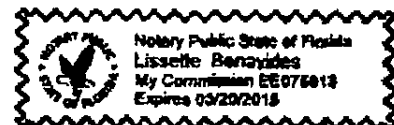
Having been named as Registered Agent and to accept service of process for the
above stated corporation al place designated in the certificate, I hereby accept

The appointment as Registered Agent and agree to act in this capacity, I further
agree to comply with the provisions of all statutes related to the proper and
complete performance of duties, and I am familiar with an accept the
obligations of my position as Registered Agent

Name: Sylvia Alvarez



Registered Agent Signature



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