P13000051970

6/14/13 Division of Corporations

Florida Department of State

Division of Corporations

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

INEMPI USA INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$70.00

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: INEMPI USA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2332 GALIANO STREET
CORAL GABLES, FLORIDA
33134

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any and All Lawful Business

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis M. Baptista Sequeira / President
Address: 2332 Galiano Street, Coral Gables 33134

Name and Title: Obdulio Lemus / Secretary
Address: 2332 Galiano Street, Coral Gables 33134

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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(cont'd.)

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: BIZCPAS LLP.

Address: 1300 NW 84 AVE

DORAL FLORIDA 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIS M BAPTISTA SEQUEIRA

Address: 2332 GALIANO STREET

CORAL GABLES, FL 33134

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SECRETARY OF STATE

TALLAHASSEE FLORIDA

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

_____ June 13, 2013

Required Signature/Registered Agent 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.

_____ June 13, 2013

Required Signature/Incorporator Date