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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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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.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
BEJUAN CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

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(m)

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: BEJUAN CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
1200 BRICKELL AVE.	1200 BRICKELL AVE.
SUITE 1800	SUITE 1800
MIAMI, FLORIDA 33131	MIAMI, FLORIDA 33131

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: GENERAL PURPOSE

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ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FLAVIO GONZALEZ-DIR.-PRES.	Name and Title: PAOLA SASSONE-DIR.-VP-SEC-TREAS
Address: 1200 BRICKELL AVE.	Address: 1200 BRICKELL AVE.
SUITE 1800	SUITE 1800
MIAMI, FLORIDA 33131	MIAMI, FLORIDA 33131
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

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(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: SEBASTIAN R. GOLOD

Address: 1200 BRICKELL AVE. SUITE 1800

MIAMI, FLORIDA 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SEBASTIAN R. GOLOD

Address: 1200 BRICKELL AVE. SUITE 1800

MIAMI, FLORIDA 33131

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

_____ 7/18/13
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.

_____ 7/18/13
Required Signature/Incorporator Date