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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone

Fax Number : (305)633-9696

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION SPARK SOCIAL, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| _{SUBJECT:} Spa | rk Social, Inc. | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) | | |
|-------------------------|--|--|---|--|--|
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation an | d a check for: | | |
| \$70.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | | |
| FROM: Donald M. Darrach | | | | | |
| | Name | (Printed or typed) | ···· | | |
| 2020 NW 89th Place | | | | | |
| | | Address | | | |
| Do | oral, Florida 331 | | | | |
| City, State & Zip | | | | | |
| 30 |) 5-4 77-4483 | | | | |

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

macarena1@me.com

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I | NAME Poration shall be: Spark Social, Inc | • | FILE | ED |
|----------------------|--|-----------------------------|------------------|--------------|
| | | | 13 JUL 25 | AN IO: 47 |
| ARTICLE II | PRINCIPAL OFFICE Principal street address | Mailing address, i | A Y SEPTEMBER OF | E OTATE: |
| 2020 NW 8 | 9th Place | | ALLAHASSEE. | FLORIDA |
| Doral, Flori | da 33172 | | | |
| | ich the corporation is organized is: SOCIAI | | | |
| establishmen | ts and any other activity permit | ted under the laws of the t | State of Florid | da. —— |
| | | | | } |
| | | | | |
| | | | , | |
| | | | | |
| | | | | |
| ARTICLE IV S | HARES 1000 | | | |
| The number of shares | s of stock is: | | | |
| | NITIAL OFFICERS AND/OR DIRECTO | RS | | |
| Name and T | Macarena Luz Bianchi | Name and Title: | <u>.</u> | |
| Address | President/Secretary | Address: | | |
| | 2020 NW 89th Place | _ | | |
| | Doral, Florida 33172 | | | |
| Name and Ti | Macarena Luz Bianchi | Name and Title; | | |
| Address | Director | Address: | | |
| | 2020 NW 89th Place | | | |
| | Doral, Florida 332172 | | | |
| Name and Ti | tle: | Name and Title | | |
| | | | | _ |
| Address | | Addiess: | | |
| | | | | |
| | | | | _ |

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(conti.)

| | | | FILED |
|--|---|---|---|
| Name and Title: | | Name and Title: | 13 JUL 25 AM 10: 47 |
| Addre | ess | _ Address: | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| ARTICLE VI | REGISTERED AGENT Florids street address (P.O. Box NOT acceptable) of | of the registered agent is: | |
| Name: | Donald M. Darrach, Esq. | _ | |
| Address: | 2020 NW 89th Place | _ | |
| • | Doral, Florida 33172 | - | |
| ARTICLE VIII The name and o Name: Address: | Donald M. Darrach, Esq. 2020 NW 89th Place Doral, Florida 33172 | | |
| Having been no this certificate, i | uned as registered agent to accept service of process I am familiar with and accept the appointment as reg | s for the above stated co gistered agent and agree | rporation at the place designated in to act in this capacity |
| L | | | July 25, 2013 |
| | Required Signature/Registered Agent | | Date |
| I submit this do document to the | cument and affirm that the facts stated herein are Department of State constitutes a third degree felon | true. I am aware that t ty as provided for in x81 | he false information submitted in a 7.155, F.S. |
| - I | <u></u> | | July 25, 2013 |
| | Required Signature/Incorporator | | Date |

H13000166218

Date