Florida Department of State

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Division of Corporations

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

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|--------------------------------|----------|
| A & F ENTERPRISE, INC. | TAFA |

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August 30, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: A & F ENTERPRISE, INC.

REF: W13000048468

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is: A & F ENTERPRISES, LLC, document number L04000046245.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

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Pamela Smith Regulatory Specialist II

FAX Aud. #: H13000193031 Letter Number: 513A00020664 SECRETARY OF ARTIONS: 12 ANIG 30 AM IO: 42

P.O BOX 6327 - Tallahassee, Florida 32314

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

HIBOOIGSOSI

SECRETARY OF STATE
SI (Profit)

SI (Profit)

| ARTICLE I NAM The name of the corporati | E On shall be: JAFA ENTERPRIS | E, INC | 13 AUG 30 | AM 10: 42 |
|---|---|-----------------|----------------------|---------------|
| | PCIPAL OFFICE Principal street address AVE | Mailing addre | ss, if different is: | |
| SUITE R710 | | | | |
| MIAMI, FL 331 | 72 | | | |
| ARTICLE III PURF | - | | , | |
| ANY AND ALL | LAWFUL BUSINESS | | | |
| | | | | |
| <u> </u> | | | | |
| | | | | |
| ARTICLE V INIT | RES SHARES 1000 | | | |
| Name and Title: | JOSE ALEJANDRO FOSSI ANGARITA (P) | Name and Title: | · | |
| Address | | Address: | <u></u> | |
| | SUITE R710 | P | ~- . | . |
| | MIAMI, FL 33172 | | - | |
| Name and Title: | | Name and Title: | | |
| Address | | Address: | | |
| | | | | |
| Name and Title: | | Name and Title: | | |
| Address | | Address: | | |
| | | | | |
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H15000 193031

(ecmi.)

| RETICLE VI REGISTERED AGENT to name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name: RICHARD GUERRERO | |
|--|---|
| RICHARD GUERRERO 1750 NW 107 AVE SUITE R710 MIAMI, FL 33172 PATICLE VII INCORPORATOR In same and address of the incorporator is: Name: JOSE ALEJANDRO FOSSI ANGARITA 1750 NW 107 AVE SUITE R710 MIAMI, FL 33172 WINDERSE ANGARITA 1750 NW 107 AVE SUITE R710 MIAMI, FL 33172 Wing been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered agent to accept the accept the appointment as registered agent to accept the | |
| RICHARD GUERRERO 1750 NW 107 AVE SUITE R710 MIAMI, FL 33172 PATICLE VII INCORPORATOR In same and address of the incorporator is: Name: JOSE ALEJANDRO FOSSI ANGARITA 1750 NW 107 AVE SUITE R710 MIAMI, FL 33172 WINDERSE ANGARITA 1750 NW 107 AVE SUITE R710 MIAMI, FL 33172 Wing been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered agent to accept the accept the appointment as registered agent to accept the | |
| RICHARD GUERRERO 1750 NW 107 AVE SUITE R710 MIAMI, FL 33172 RICHARD GUERRERO 1750 NW 107 AVE SUITE R710 RICHARD GUERRERO MIAMI, FL 33172 State and address of the incorporator is: JOSE ALEJANDRO FOSSI ANGARITA 1750 NW 107 AVE SUITE R710 MIAMI, FL 33172 Wing been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered agent to accept the accept the appointment as registered agent to accept the accept | |
| MIAMI, FL 33172 ETICLE VII INCORPORATOR Is pame and address of the incorporator is: Name: JOSE ALEJANDRO FOSSI ANGARITA 1750 NW 107 AVE SUITE R710 MIAMI, FL 33172 INVINE been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered as the appointment as registered as certificate, I am familiar with and accept the appointment as registered as a certificate. | |
| MIAMI, FL 33172 ETICLE VII INCORPORATOR In pame and address of the incorporator is: Name: JOSE ALEJANDRO FOSSI ANGARITA 1750 NW 107 AVE SUITE R710 MIAMI, FL 33172 Wing been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered appointment as registered appointment as registered. | |
| Name: Name: JOSE ALEJANDRO FOSSI ANGARITA 1750 NW 107 AVE SUITE R710 MIAMI, FL 33172 Wing been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered. LIEULED SAFATE | · |
| Name: Address: JOSE ALEJANDRO FOSSI ANGARITA 1750 NW 107 AVE SUITE R710 MIAMI, FL 33172 Wing been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered. HIGHELD (SAFAGE) | |
| Address: 1750 NW 107 AVE SUITE R710 MIAMI, FL 33172 Thing been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered agent to accept the appointment as registered. | |
| MIAMI, FL 33172 wing been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered. ### 1000 ### AM TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN | |
| wing been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as regis | |
| is certificate, I am familiar with and accept the appointment as regli | |
| | ered agent and agree to act in this capacity 08/28/2013 |
| Acquired Olegania Registered Agent | Date |
| submit this document and affirm that the facts stated herein are to cument to the Department of State constitutes a third degree felony | ve. I am aware that the false information submitted in a as provided for in 2817.155, F.S. |
| - Dung | 08/28/2013 |
| Required Signature/Incorporator | Date |

SECRETARY OF STATE
DIVISION OF CORPORATIONS:

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