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Florida Department of State
Division of Corporations
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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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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
EMBAC CORP.**

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

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PAGE 01/03

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MRD 9/9/13

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

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ARTICLE I NAME
The name of the corporation shall be: **EMBAC CORP.**

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address

Mailing address, if different from
Principal address

1200 Brickell Ave

Suite 1800

Miami, FL 33131

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

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **HERNAN R. GOLOD - DIR - PRES**

Address: **1200 Brickell Ave**
Suite 1800
Miami, FL 33131

Name and Title: **SEBASTIAN R. GOLOD - VP - S - T**

Address: **1200 Brickell Ave**
Suite 1800
Miami, FL 33131

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, FL 33131

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SEBASTIAN R. GOLOD
Address: 1200 Brickell Ave, Suite 1800
Miami, FL 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 agree to the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

9/6/13
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.

Required Signature/Incorporator

9/6/13
Date

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