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| (Red | questor's Name) | - |
|---------------------------|------------------|-------------|
| (Add | dress) | |
| (Add | dress) | |
| (City | //State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | siness Entity Na | me) |
| (Doc | cument Number) |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to I | Filing Officer: | · |
| | | |
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| | | |
| | | |

Office Use Only



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DIVISION OF CORPORATIONS

14

COVER LETTER

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

| SUBJECT: San | Cristobal Mana | gement, Inc. ate name – <u>must incl</u> i | UDE SUFFIX) |
|----------------------|--|--|--|
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | l a check for: |
| \$70.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |

| _{ս։} Juai | n A. Guzman |
|--------------------|--|
| | Name (Printed or typed) |
| 1809 | 91 SW 134 CT |
| | Address |
| Miar | ni, FL 33177 |
| | City, State & Zip |
| (305 | 5) 301-8648 |
| | Daytime Telephone number |
| tropla | ant@gmail.com |
| | E-mail address: (to be used for future annual report notification) |

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

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

| | Principal street address | | .2813 SEP 30 PM 4: 57 Mailing address, if different is: | | |
|--|--|--|--|--|--|
| 3241 SW 2 | · · · · · · · · · · · · · · · · · · · | | | | |
| Miami, FL·3 | 3032 | | | | |
| he purpose for whic | TRPOSE h the corporation is organized is: Real estable permitted by the laws of | | | | |
| State of Am | | the State | of Florida and the Office | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| RTICLE IV S | HARES 120 | | | | |
| he number of shares | of stock is: 120 | | | | |
| he number of shares RTICLE V II | of stock is: 120 | _ | Maria Guadalupe Trejo, VP/D | | |
| ne number of shares RTTCLE V II Name and T | of stock is: 120 | Name and Title | _{::} Maria Guadalupe Trejo, VP/D 13241 SW 260 Ter | | |
| he number of shares RTICLE V II | of stock is: 120 VITIAL OFFICERS AND/OR DIRECTOR itle: Jose Luis Trejo, P/D | _ | ?: | | |
| RTTCLE V II Name and T Address | vitial officers and/or director itle: Jose Luis Trejo, P/D 13241 SW 260 Ter Miami, FL 33032 | Name and Title Address: | 13241 SW 260 Ter Miami, FL 33032 | | |
| RTTCLE V II Name and T Address | MITIAL OFFICERS AND/OR DIRECTOR itle: Jose Luis Trejo, P/D 13241 SW 260 Ter Miami, FL 33032 | Name and Title Address: | 13241 SW 260 Ter Miami, FL 33032 Cendy Trejo, D | | |
| RTTCLE V II Name and T Address | MITIAL OFFICERS AND/OR DIRECTOR itle: Jose Luis Trejo, P/D 13241 SW 260 Ter Miami, FL 33032 tle: Elaine Carmen Trejo, D 13241 SW 260 Ter | Name and Title Address: | 13241 SW 260 Ter Miami, FL 33032 Cendy Trejo, D 13241 SW 260 Ter | | |
| RTICLE V II Name and T Address | MITIAL OFFICERS AND/OR DIRECTOR itle: Jose Luis Trejo, P/D 13241 SW 260 Ter Miami, FL 33032 | Name and Title Address: Name and Title | 13241 SW 260 Ter Miami, FL 33032 Cendy Trejo, D | | |
| RTTCLE V 11 Name and T Address Name and Ti Address | MITIAL OFFICERS AND/OR DIRECTOR itle: Jose Luis Trejo, P/D 13241 SW 260 Ter Miami, FL 33032 tle: Elaine Carmen Trejo, D 13241 SW 260 Ter | Name and Title Address: Name and Title Address: | 13241 SW 260 Ter Miami, FL 33032 Cendy Trejo, D 13241 SW 260 Ter Miami, FL 33032 | | |
| RTTCLE V 11 Name and T Address Name and Ti Address | MITIAL OFFICERS AND/OR DIRECTOR itle: Jose Luis Trejo, P/D 13241 SW 260 Ter Miami, FL 33032 tle: Elaine Carmen Trejo, D 13241 SW 260 Ter Miami, FL 33032 | Name and Title Address: Name and Title Address: | 13241 SW 260 Ter Miami, FL 33032 Cendy Trejo, D 13241 SW 260 Ter Miami, FL 33032 | | |

(conti.)

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

| Name and | Title: | Name and Title:_2013 SEP : | 30 PM 4: 57 |
|--|---|---|--|
| Address | | Address: | |
| | | | <u> </u> |
| | | | |
| ARTICLE VI | REGISTERED AGENT | | |
| The <u>name and Flo</u> | orida street address (P.O. Box NOT acceptable | e) of the registered agent is: | |
| Name: | Juan A. Guzman | | |
| Address: | 18091 SW 134 CT | | |
| | Miami, FL 33177 | | i |
| ARTICLE VII | INCORPORATOR | | |
| The <u>name and ad</u> | dress of the Incorporator is: | | |
| Name: | Juan A. Guzman | | |
| Address: | 18091 SW 134 Ct | | |
| | Miami, FL 3317 | <u></u> | |
| Having been nam this certificate, I a | ed as registered agent to accept service of proc m familiar with and accept the appointment as | cess for the above stated corporation registered agent and agree to act i. | on at the place designated in n this capacity |
| ىل) | 12 | | 09/26/2013 |
| | Required Signature/Registered Agent | | Date |
| | ment and affirm that the facts stated herein a department of State constitutes a third degree fe | | |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | h~ | | 09/26/2013 |
| | Required Signature/Incorporator | | Date |
| \sim | , - | | |