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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

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
IRGAVE INC.

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

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MRS 10/7/13

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME
The name of the corporation shall be: IRGAVE INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address:

2000 N. BAYSHORE DR.

SUITE 328

MIAMI, FLORIDA 33137

Mailing address, if different is:

2000 N. BAYSHORE DR.

SUITE 328

MIAMI, FLORIDA 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: 150 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA RENE GUERRA D-PRES.

Address: 2000 N. BAYSHORE DR.

SUITE 328

MIAMI, FLORIDA 33137

Name and Title: MARIA VERONICA GUERRA D-SEC.

Address: 2000 N. BAYSHORE DR.

SUITE 328

MIAMI, FLORIDA 33137

Name and Title: GABRIELA DI BERNARDO D-TREAS

Address: 2000 N. BAYSHORE DR.

SUITE 328

MIAMI, FLORIDA 33137

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Name and Title: _____ Name and Title: SECRETARY OF STATE
Address: _____ Address: TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: SARA KOCHEN
Address: 2000 N. BAYSHORE DR. SUITE 328
MIAMI, FLORIDA 33137

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: SARA KOCHEN
Address: 2000 N. BAYSHORE DR. SUITE 328
MIAMI, FLORIDA 33137

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 responsibility as registered agent and agree to act in this capacity

Required Signature/Registered Agent

10/04/13
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

10/04/13
Date