

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLANCO ACCOUNTING I, INC.  
Account Number : I20100000060  
Phone : (305) 828-1148  
Fax Number : (305) 828-1709

**\*\*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  
U.S.A. COOL, INC.**

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DIVISION OF CORPORATIONS  
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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: U.S.A. COOL, INC.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

12971 SW 9TH STREETMIAMI FL 33184**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MAIKEL PEREZ RUIZ PRESIDENT

Name and Title: \_\_\_\_\_

Address: 12971 SW 9TH STREET

Address: \_\_\_\_\_

MIAMI FL 33184Name and Title: JOSE MIGUEL HERNANDEZ VICEPRESIDENT

Name and Title: \_\_\_\_\_

Address: 13150 SW 10 STREET

Address: \_\_\_\_\_

MIAMI FL 33184

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

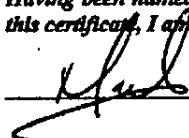
**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MAIKEL PEREZ RUIZ  
Address: 12971 SW 9TH STREET  
MIAMI FL 33184

**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:

Name: JOSE MIGUEL HERNANDEZ  
Address: 13150 SW 10 STREET  
MIAMI FL 33184

*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 appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

10/08/2013

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

10/08/2013

Date