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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 : 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
BOLIVARIAN EXPORT IMPORT BOLIEXPORCA C A CORP**

Certificate of Status	0
Certified Copy	0
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DIVISION OF CORPORATIONS

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g 11/14/13

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

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: BOLIVARIAN EXPORT IMPORT BOLIEXPORCA CORP PM 12: 27

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10803 N W 7 STREET APT 12

MIAMI FL 33172

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sleman Khuchaifeh President

Name and Title: _____

Address: 10803 N W 7 STREET APT 12

Address: _____

MIAMI FL 33172

Name and Title: Sounia Jarbough Secretary

Name and Title: _____

Address: 10803 N W 7 STREET APT 12

Address: _____

MIAMI FL 33172

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:

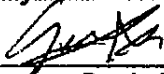
Name: Sounia Jarbough
Address: 10803 N W 7 STREET APT 12
MIAMI FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sounia Jarbough
Address: 10803 N W 7 STREET APT 12
MIAMI FL 33172

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

11/13/2013
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

11/13/2013
Date

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