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FAX No.

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Division of Corporations

P130000094904

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : MURAI, WALD, BIONDO, MORENO,
Account Number : 076150002103
Phone : (305)444-0101
Fax Number : (305)444-0174

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:

DGALDO@MWBMA.COM

DOMESTICATION
ROSSLAND, INC.

Certificate of Status	0
Certified Copy	0
Page Count	014
Estimated Charge	\$120.00

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P. 002

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DOMESTICATION

The undersigned, FERNANDO ABELLO TORRE, PRESIDENT,
(Name) (Title)
of ROSSLAND, INC. a foreign corporation,
(Corporation Name)
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was AUGUST 3, 1987.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was THE REPUBLIC OF PANAMA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was ROSSLAND, INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is ROSSLAND, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was THE REPUBLIC OF PANAMA.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of ROSSLAND, INC., a corporation organized under the laws of the Republic of Panama.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 19th day of November, 2013.

X 
(Authorized Signature)
FERNANDO ABELLO TORRE

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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P. 003

ARTICLES OF INCORPORATION

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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:

ROSSLAND, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

848 BRICKELL AVENUE, SUITE 700

MIAMI, FLORIDA 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All lawful purposes.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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

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:

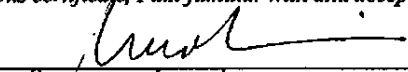
Name: MURAI WALD BIONDO MORENO & PEGG, P.A.
Address: 1200 PONCE DE LEON BOULEVARD
CORAL GABLES, FLORIDA 33134

ARTICLE VII INCORPORATOR

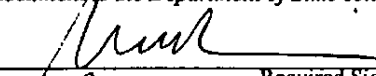
The name and address of the Incorporator is:

Name: MURAI WALD BIONDO MORENO & PEGG, P.A.
Address: 1200 PONCE DE LEON BOULEVARD
CORAL GABLES, FLORIDA 33134

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

	<u>11-21-13</u>
<u>Reza V. Murai</u> President	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.

	<u>11-21-13</u>
<u>Reza V. Murai</u> President	Date

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