

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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****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
MONROY BATHROOMS CORP.**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION
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: MONROY BATHROOMS CORP.

ARTICLE II PRINCIPAL OFFICE
Principal street address
MONROY BATHROOMS CORP.
999 PONCE DE LEON BLVD., SUITE 625
CORAL GABLES, FLORIDA 33134

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
The corporation will engage in activities or business permitted under the laws
of the United States and under the laws of the State of Florida.

ARTICLE IV SHARES
The number of shares of stock is: 1000 @ \$1.00 Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Francisco Sanchez - Director</u>	Name and Title:	<u>Rosa Brossard - Treasurer</u>
Address:	<u>av ppal terrazas del club hipico</u>	Address:	<u>Ave Ppal Sebuca</u>
	<u>edif CG, apt pb2, terrazas del club hipico</u>		<u>edif. Porta Sebuca, apto. 4a</u>
	<u>Baruta, Caracas, Venezuela</u>		<u>Sebucan, Caracas, Venezuela</u>

Name and Title:	<u>Francisco Sanchez - President</u>	Name and Title:	
Address:	<u>av ppal terrazas del club hipico</u>	Address:	
	<u>edif CG, apt pb2, terrazas del club hipico</u>		
	<u>Baruta, Caracas, Venezuela</u>		

Name and Title:	<u>Ingrid Surmiak - Secretary</u>	Name and Title:	
Address:	<u>calle upata qta</u>	Address:	
	<u>Kapricho el marquez</u>		
	<u>Caracas 1071 Venezuela</u>		

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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: Appelrouth Consulting Corp.
Address: 999 Ponce de Leon Blvd., Suite 625
Coral Gables, Florida 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carlos M. Farah
Address: 999 Ponce de Leon Blvd., Suite 625
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

Carlos M. Farah 12-5-2013
Required Signature/Registered Agent 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.

Carlos M. Farah 12-5-2013
Required Signature/Incorporator Date

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