

P14000000297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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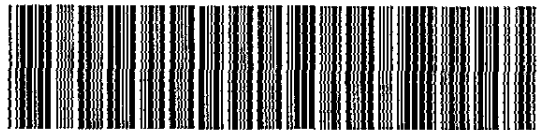
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: TUUCI Export, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

2900 NW 35th Street

Miami, Florida 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

IC-DISC Commission Agent

FILED
19 JAN -2 AM 8:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 3,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles Munroe-Chief Executive Officer

Address 2900 NW 35th Street

Miami, Florida 33142

Name and Title: Dougan H. Clarke-Secretary

Address: 2900 NW 35th Street

Miami, Florida 33142

Name and Title: Tom M. Parker- Treasurer

Address 2900 NW 35th Street

Miami, Florida 33142

Name and Title: Charles Munroe-Director

Address: 2900 NW 35th Street

Miami, Florida 33142

Name and Title: Dougan H. Clarke-Director

Address 2900 NW 35th Street

Miami, Florida 33142

Name and Title: Tom M. Parker-Director

Address: 2900 NW 35th Street

Miami, Florida 33142

(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: Capitol Corporate Services, Inc.
Address: 155 Office Plaza Dr Ste A
Tallahassee FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James R. Murphy
Address: 5400 Westheimer Court, Suite 700
Houston, TX 77056

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

Krista Ali Krista Ali, Asst. Secretary on the 01/02/2014
behalf of Capitol Corporate Services, Inc. Date
Required Signature/Registered Agent

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.

[Signature] 1/2/14
Required Signature/Incorporator Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA