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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6381

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Account Name : CORP USA
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FLORIDA PROFIT/NON PROFIT CORPORATION
FARMAMAIL, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

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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: FARMAMAIL, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
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 law of the State of Florida.

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ARTICLE IV SHARES
The number of shares of stock is: 1,000; $1.00 Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rodolfo Ruiz Rubio D,P
Address: Arzobispo Morcillo
5811 C
Madrid, Spain 28029

Name and Title: Gonzalo Ruiz Rubio, D,S,T
Address: Arzobispo Morcillo
5811 C
Madrid, Spain 28029

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

H14000269088

H14000069088 (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: Appelrouth Consulting Corp

Address: 999 Ponce de Leon Blvd. Suite 625

Miami, Florida 33134

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carlos M. Farah

Address: 999 Ponce de Leon Blvd., Suite 625

Miami, 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

_____ 3-21-2014

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.

_____ 3-21-2014

Required Signature/Incorporator Date

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