

MAY 13/2014/TUE 11:52 AM

FAX No.

P. 001

Florida Department of State
Division of Corporations
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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
MACONDO DORAL, INC**

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

RECEIVED

14 MAY 13 AM 11:54

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

14 MAY 13 PM 10:19

STATE OF FLORIDA
DIVISION OF CORPORATIONS

5-14-14

MAY/13/2014/TUE 11:52 AM

FAX No.

P. 002
CLERK OF STATE
DIVISION OF CORPORATIONS
14 MAY 13 AM 10:19

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: MACONDO DORAL, INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

1900 N BAYSHORE DR. SUITE 3301
MIAMI, FL 33132

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO TRANSACT ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES 200 SHARES (TWO HUNDRED) PAR VALUE \$1.00
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FABIO CARO. PD.

Address: 1900 N BAYSHORE DR. APT 3301
MIAMI, FL 33132

Name and Title: _____

Address: _____

Name and Title: MARIANO STUPENENGO.VP.

Address: 600 LAYNE BLVD. APT 223
HALLANDALE BEACH, FL 33009

Name and Title: _____

Address: _____

Name and Title: _____

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: FABIO CARO.
Address: 1900 N BAYSHORE DR. APT 3301
MIAMI, FL 33132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FABIO CARO.
Address: 1900 N BAYSHORE DR. APT 223
MIAMI, FL 33132

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

05-09-14
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

05-09-14
Date