

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140001158073)))



H140001158073ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : T2000000019
Phone : (305)552-5973

Fax Number : (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Rmail	Address:	;	

RECEIVED 4 MAY 15 M 11: 35 CHANSEE FLORIDA

## FLORIDA PROFIT/NON PROFIT CORPORATION EDYDASA, S.A. INC

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

AY 15 AH 8: 40

https://efile.surbiz.org/scripts/efilcovr.eve

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

ARTICLE I The name of the co	NAME EDYDASA, S. A.	INC		五豆
	PRINCIPAL OFFICE TAX IC	>: 5213	53848	ထုံ
	Principal street address		failing address, if different is:	8; 40
2900 SW	113th Avenue	Same		
Miami, Flo	rida 33165	_		
ARTICLE III	PURPOSE Investm	ents		
The purpose for w	PURPOSE hich the corporation is organized is: Investm			
-	A Very Control of the	· · · · · · · · · · · · · · · · · · ·		
	·	<u>-</u>		
			Light of the second sec	
••				
<u> </u>				
ARTICLE V	SHARES 1000 x 1.00  INSTITUTE OFFICERS AND/OR DIRECTORS of Title: San Juan , Leonardo R.	S Name and Title	Barrantes , Dama	aris V
Address	PCD	Address:	SD	
Vooress	2900 SW 113th Avenue	nuucss.	275 Metros del Sur de Mas	x Menos
	Miami , Florida 33165	•	San Jose , Costa	Rica
	<sub>l Title:</sub> Barrantes , Luis E			
Name and	TD	Name and Title:		
Address	······································	Address:	<u> </u>	
	275 Metros al Sur de Mas x Menos	•		
	San Jose , Costa Rica	-		
Nama	d Title:	Name and Titlo	•	
	•			
Address		_ Address:		
	,			
		_		

## H14000115807

(conti.)

Name a	nd Title:Na	Name and Title:			
Address		dress:			
ARTICLE VI	REGISTERED AGENT				
	Florida street address (P.O. Box NOT acceptable) of the	rogistered agent is:			
Name:	San Juan, Leonardo R				
Address:	2900 SW 113th Avenue				
	Miami , Florida 33165				
ARTICLE VI	I INCORPORATOR				
The name and	address of the Incorporator is:				
Name:	San Juan , Leonardo R	·			
Address:	2900 SW 113th Avenue				
	Miami , Florida 33165				
Having been ne this certificate,	amed as registered agent to accept service of process for I am famillar with and accept the appointment as registe	the above stated corporation at the place designated in red agent and agree to act in this capacity			
20	East Line A	May 12 , 2014			
	Required Signature/Registered Agent	Date			
I submit this d document to th	ocument and affirm that the facts stated herein are tru e Department of State constitutes a third degree felony a	e. I am aware that the false information submitted in a spootded for in s.817.153, F.S.			
	May were a	May 12, 2014			
	Required Signature/Incorporator	Date			