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From:	Account Name Account Number Phone Fax Number	: BLUMBERG/EXCELSIOR CORPORA : 075350000353 : (800)221-2972 : (888)692-9256	TE SERVICES INC

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May 21, 2014

FLORIDA DEPARTMENT OF STATE

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: VIEIRA PATURY PROPERTIES INC.

REF: W14000032104

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

ARTICLE I NAM The name of the corporat	E Vieira Patury Propo	erties Inc.	A A A A A A A A A A A A A A A A A A A
ARTICLE II PRIN	<u>rCIPAL OFFICE</u> Principal <u>street</u> address		Mailing address, if different in
New York; NY			PH IZ:
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	RES 1,000 at US\$0.01 paradock is: 1,		Julieta Pontes Vieira, Director
Address	Rue Rosangala Čunha Vandertel, n. 124 - Apto. 1301	Address:	Rua Estudante Jeremias Bastos, n. 442
	Piedada, Jabostão dos Guararapes,PE CEP54,410-280		Pina, Recife,PE, CEP 51.011-040
	Brazil		Brazil
Name and Title:	Guilherme Patury Accioly, Director	Name and Title	Estevão Borges de Barros Vieira, Director
Addross	Avenida Bos Viagem, n. 1870, apto. 1101	Address:	Rua José Nunes da Cunha, n. 190, epto. 1801
	Boa Viagem, Recife, PE, CEP 51.111-000		Piedade, Jabostão dos Guerapes,PÉ, CEP 54,410-280
	Brazil		Brazil
Name and Title;	Carlos Frederico Madeir Feledi, Director	Name and Title	<u> </u>
Address	Rua Dona Berrvindo Fortes ,158,apertamento 1301	Address:	,
	Bos Viagem, Recife, Recife, PE, CEP 51020-140		
	Brazil	•	

(contr.)

Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: BLUMBERGEXCELSIOR CORPORATE SERVICES INC. Address: 155 Office Plaza Drive, 1st Fl. Tallahassee, FL 32301 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Guilherme Patury Accioly Avenida Boa Vlagem, n. 1870, apto. 1101 Boa Visgem, Recita.PE, CEP 51.111-000, Brazil Ituring been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am famillar with said decept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the faire information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 05/16/2014	Name and	l Title;	Name and Title:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name:	Address		Address:	•
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