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FLORIDA PROFIT/NON PROFIT CORPORATION
CARPA WASI CORP.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporated, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of incorporation.

ARTICLES I - NAME

The name of the corporation shall be

CARPA WASI CORP.

ARTICLES II - PRINCIPAL OFFICE

The principal place of business of this corporation shall be:

14683 SW 142 PLACE CIRCLE MIAMI, FL 33186

MAILING ADDRESS:

14683 SW 142 PLACE CIRCLE MIAMI, FL 33186

ARTICLES III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

GUSTAVO SALINAS	70.00%
PATRICIA SALINAS	21.50%
JOSE LUIS FLORES AND MARIA C FLORES	8.50%

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIA C. FLORES
14683 SW 142 PLACE CIRCLE MIAMI, FL 33186

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SECRETARY OF STATE

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of incorporation is:

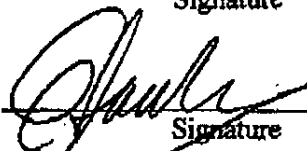
MARIA C. FLORES
14683 SW 142 PLACE CIRCLE MIAMI, FL 33186

GUSTAVO SALINAS
14683 SW 142 PLACE CIRCLE MIAMI, FL 33186

The undersigned incorporator has executed these Articles of incorporation this 20TH day
of MAY 2014.



Signature



Signature

ARTICLE VI - DIRECTOR(S)

The name and street address of the director(s) to these Articles of incorporation is (are):

MARIA C. FLORES
14683 SW 142 PLACE CIRCLE MIAMI, FL 33186

PRESIDENT

GUSTAVO SALINAS
14683 SW 142 PLACE CIRCLE MIAMI, FL 33186

VIC-PRESIDENT

STATE OF FLORIDA
DIVISION OF CORPORATIONS
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May. 20. 2014 2:51PM

#4887 P.004/004

No. 8165 P. 4

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent



Registered Agent Signature

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STATE OF CALIFORNIA
DIVISION OF CORPORATIONS