Division of Colporation

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : 120000000019

Phone : (305) 552-5973

Fax Number

: (305)675-5944

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

Email Address:

(J.)

FLORIDA PROFIT/NON PROFIT CORPORATION FRIAS PROCESS INC

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

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

NAME: The name of the corporation is: ARTICLE I

FRIAS PROCESS INC	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	DIVISION OF CORPURATIONS
Miami FL 33105	ՍԻ ՆԱՐ
₹ ₹	(r'UI(A
ARTICLE III SHARES: The number of shares of stock is:	HUND
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
DOSE MANUEL TRIAS - P	
RAMON GRULLON - 5	
INTRODUCTION OR OCCUPATION	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
RAMON GRULLON	
3401 SW 99 ave.	
Miami FL 33105	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
RAMON GRULLON	
3401 SW 99 9Ve.	
Migmi FL 33105	

Required Signatures:

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

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.