Division of Corporations Electronic Filing Cover Sheet

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(((H14000162197 3)))



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Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120060000019

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Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION GRUPO REVELES CORP.

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

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July 8, 2014

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: GRUPO REVELES CORP.

REF: W14000041868

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The corporation name contains symbols or special characters not recognized on the English keyboard. Please remove the special character whereverthey appear in your document.

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Claretha Golden Regulatory Specialist II New Filing Section PAX Aud. #: E14080162197 Letter Number: 314A00014608

SECRETARY OF STATE

Articles of Incorporation

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, P.S.

Article I - Name: The name of the corporation shall be

Grupo Reveles Corp.

Article II - Principal and Mailing Address

10175 Collins Ave #504 Bal Harbour, Fl 33154 FILED

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SECRETARY OF STATE
TALLAHASSEE FOR GROWN

Article III - Shares

The number of shares of stock is:

Article IV - Initial Officers and/or Directors

Bryani Todaro - President Paulo Revelés - Vice President / Secretary

Article V - Registered Agent

The name and Florida street address of the registered agent is:

Bryani Todaro 10175 Collins Ave #504 Bal Harbour, Fl 33154

Article VI - Incorporator

The name and address of the incorporator is:

Bryani Todaro 10175 Collins Ave #504 Bal Harbour, A 33154

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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

Registered Agent 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.

Diu Incorporator Date

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SECRETARY OF STATE
TALLAHASSEE FLORMA