07/31/2032 02:16   #2167   00 /003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H14000220429 3)))

H140003204293ABCY

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  : I20000000019
        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:_____

FLORIDA PROFIT/NON PROFIT CORPORATION
HEAVENLY RAW, INC

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

#2167. P.002/003

H14000220429

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

ARTICLE I   NAME: The name of the corporation is:

Heavenly Raw, Inc

ARTICLE II   PRINCIPAL OFFICE:

The principal street address and mailing address is:

5998 SW 44th Ter

Miami FL 33155

ARTICLE III   SHARES: The number of shares of stock is: ___100___

ARTICLE IV   INITIAL DIRECTORS AND/OR OFFICERS:

Adriana Yoshii   President

Rishi Abbi   Vice President

ARTICLE V   INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Adriana Yoshii

5998 SW 44th Ter Miami FL 33155

ARTICLE VI   INCORPORATOR: The name and address of the Incorporator is:
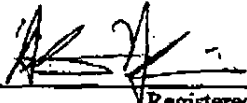
Adriana Yoshii

5998 SW 44th Ter Miami FL 33155

H14000220429

14 SEP 19

FILED

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
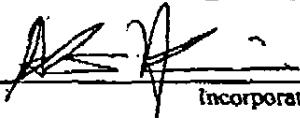
_____   9/17/14
Registered Agent   Date

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.

_____   9/17/14
Incorporator   Date