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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****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
VAFRAMA CONSULTING, CORP**

Certificate of Status	0
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10/10/14

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

ARTICLE I NAME

The name of the corporation shall be: **VAFRAMA CONSULTING, CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address

9250 W. BAY HARBOR DR APT 7D
BAY HARBOR ISLANDS FL 33154

Mailing address, if different is:

9250 W. BAY HARBOR DR APT 7D
BAY HARBOR ISLANDS FL 33154

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Any Legal Business / Activity**
Permitted in the State of Florida

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ARTICLE IV SHARES

The number of shares of stock is: **100 (one hundred)**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	GALLO, GUILLERMO E (P)	Name and Title:	DE BERNARDI, JULIANA N. (V/P)
Address:	9250 W Bay Harbor Dr Apt 7D	Address:	9250 W Bay Harbor Dr Apt 7D
	BAY HARBOR ISLANDS FL 33154		BAY HARBOR ISLANDS FL 33154

Name and Title:		Name and Title:	
Address:		Address:	

Name and Title:		Name and Title:	
Address:		Address:	

(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: WAINFELD MARTINEZ, JOSE L
Address: 9250 W Bay Harbor Dr Apt 7D
BAY HARBOR ISLANDS FL 33154

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GALLO, GUILLERMO E.
Address: 9250 W Bay Harbor Dr Apt 7D
BAY HARBOR ISLANDS FL 33154

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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

[Signature]
Required Signature/Registered Agent

10-8-14
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.

[Signature]
Required Signature/Incorporator

10/8/2014
Date