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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CORP USA

Account Number : 072450003255 : (305) 634-3694

Phone Fax Number

: (305)633-9696

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

FLORIDA PROFIT/NON PROFIT CORPORATION TAXI CRUISE, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 04 |
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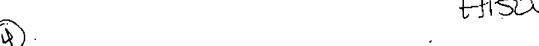
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CORP USA

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Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: | TAXI CR. | LISE INC | UDE SUFFIX) |
|----------------------|--|---------------------------------------|---|
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | i a check for: |
| S70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee, Certified Copy & Certificate of Status |
| • | | ADDITIONAL CO | PY REQUIRED |
| FROM: | Rochelle M | A L e.K. e (Printed or typed) | |

COVER LETTER

ROM: Kochelle MALEK

Name (Printed or typed)

407 Lincoln Rand Suite 4-C

Address

Miami Beach Florida 33139

City, State & Zip

305-538-4431

Daytime Telephone number

Fochel mal@acl. Com

E-mail address: (16 be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: Cruise, INC. ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: ROAD FLORIDA ARTICLE HY PURPOSE
The purpose for which the corporation is organized is: ARTICLE IV SHARES 100 The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Pres - Sec. - Treas. Name and Title: Address FLORIDA 33139 Name and Title: Name and Title; Address Address: Name and Title: Name and Title; Address Address:

| Name and Title: | | Name and Title: | | | |
|--|---|-------------------------|----------------|--|--|
| Address | | Address: | | | |
| | | | | | |
| | | | | | |
| _ | | | | | |
| A STATE OF THE STA | | | | | |
| ARTICLE VI REGIST The same and Florida street | EPED AGENT (address (P.O. Box NOT acceptable) of t | he registered agent is: | | | |
| | drew Roth | | | | |
| Address: 75 | to Alton ROAD | | | | |
| <u> M</u> : | AMI Beach FhoRida | 331 39 | | | |
| ARTICLE VII INCORPORATOR | | | | | |
| The name and address of the | e Incorporator is: | | | | |
| Name:/ | Indrew Roth | | | | |
| Address: | 740 Alton ROAD | | | | |
| <u>N</u> | 140 Alton ROAD LIAHI Beach, Flori | da 33139 | | | |
| 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 | | | | | |
| lone | w | | MAKEL 11 2015 | | |
| R | WWW Agenture 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 2817.155, F.S. | | | | | |
| an | Required Signature/Incorporator | | MARCH 11, 2015 | | |
| | Required Signature/Incorporator | | Date | | |

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CORP USA