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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

DOMESTICATION
Mustafa Limited Corp.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$128.75

CERTIFICATE OF DOMESTICATION

The undersigned, WILLIAM RAMIREZ BRACHO, DIRECTOR
(Name) (Title)

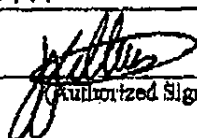
of MUSTAFA LIMITED a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was OCTOBER 11, 1994.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was BRITISH VIRGIN ISLANDS.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was MUSTAFA LIMITED.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is MUSTAFA LIMITED CORP.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was BRITISH VIRGIN ISLANDS.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am DIRECTOR, of MUSTAFA LIMITED

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 22nd day of April, 2015.


(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 73.73
Total to domesticate and file	\$123.73

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

MUSTAFA LIMITED CORP.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

1001 BRICKELL BAY DRIVE

1001 BRICKELL BAY DRIVE

SUITE 3112

SUITE 3112

MIAMI, FL 33131

MIAMI, FL 33131

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

ENGAGE IN THE TRANSACTION OF ANY AND ALL LAWFUL BUSINESS PERMITTED

UNDER THE LAWS OF THE UNITED STATES AND OF THIS STATE.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 20 PM 4:36

FILED

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1,000 AT \$1.00 PAR VALUE PER SHARE

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

MERCEDES CAROLINA RAMIREZ BRACHO

DIRECTOR AND SECRETARY

Title/Name

WILLIAM RAMIREZ BRACHO

DIRECTOR, PRESIDENT,

VICE-PRESIDENT AND TREASURER

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

CW CORPORATE SERVICES LLC

1001 BRICKELL BAY DRIVE, SUITE 3112

MIAMI, FL 33131

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

LOURDES A. GOMEZ

1001 BRICKELL BAY DRIVE, SUITE 3112

MIAMI, FL 33131

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

9/2/2015
Signature/Registered Agent

4/22/15
Date

LOURDES GOMEZ
Signature/Incorporator

April 22, 2015
Date