

From:

05/14/2015 07:43

#356 P.001/003

5/14/2015

Division of Corporations

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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (888)692-9256

**\*\*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**

**Hind Properties Inc.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$70.00 |

MAY 15 2015

T. SCOTT

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Corporate Filing Menu

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From:

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#356 P.002/003

**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: Hind Properties Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

500 Fifth Avenue, Suite 1610

500 Fifth Avenue, Suite 1610

New York, NY, 10110

New York, NY, 10110

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To transact any and all lawful activity for which a corporation may be formed.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Director: Marcelo Sanovicz

Name and Title: Directors: Vera Pilnik Sanovicz

Address Rua Roberto Caldas Kerr, 151, AP 161  
São Paulo, SP, Brazil

Address: Rua Roberto Caldas Kerr, 151, AP 161  
São Paulo, SP, Brazil

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

15 MAY 14 AM 10:40

From:

05/14/2015 07:45

#356 P.003/003

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: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
Address: 155 Office Plaza Drive, 1st Fl.  
TALLAHASSEE, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ana Maisona  
Address: 16 Court St, 14th FL  
Brooklyn, N.Y. 11241

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*  
Asst. Secretary, Jose Mojica

\_\_\_\_\_  
Required Signature/Registered Agent

05/14/2015

\_\_\_\_\_  
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.*

Ana Maisona  
Required Signature/Incorporator

05/14/2015

\_\_\_\_\_  
Date