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Florida Department of State

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7/29/2015

H15000/83613

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

| | NCIPAL OFFICE Principal street address | Mailing address, if different is: | | |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------|--|
| 5 Brickell Bay Dr # 430 iumi FL 33131 | | P.O. Box 28527 | | |
| | | Teg-4730 Miami FL 33102-5514 | | |
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| CLE IV SHA | | | | |
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| umber of shares | RES 1,000 of stock is: 1,000 of | Name and Title: | | |
| CLE V INIT | RES of stock is: CAL OFFICERS AND/OR DIFFECTORS itle: Guadalupe Margarita Casco Fortin | Name and Title: | | |
| umber of shares CLE V INIT Name and Ti | RES of stock is: PLAL OFFICERS AND/OR DIRECTORS itle: Cuadalupe Margarita Casco Fortin Director/President | Name and Title: | | |
| wmber of shares CLE V INTT Name and Ti Address | RES of stock is: 1,000 CLAL OPFICERS AND/OR DIRECTORS itle: Cuadahupe Margarita Casco Fortin Director/President 905 Brickell Bay Dr # 430 | Name and Title:Address: | | |
| wmber of shares CLE V INTT Name and Ti Address | RES of stock is: CLAL OPFICERS AND/OR DIRECTORS itle: Guadahupe Margarita Casco Fortin Director/President 905 Brickell Bay Dr # 430 Miami FL 33131 | Name and Title: | SECR FACLA | |
| VCLE V INTO Name and To Address Name and Tit | RES 1,000 of stock is: 1,000 TAL OPFICERS AND/OR DIRECTORS itle: Guadalupe Margarita Casco Fortin Director/President 905 Brickell Bay Dr # 430 Miami FL 33131 | Name and Title: | SEGREJAS TALLAHAS | |
| VCLE V INTO Name and To Address Name and Tit | RES 1,000 of stock is: 1,000 TAL OPFICERS AND/OR DIRECTORS itle: Guadalupe Margarita Casco Fortin Director/President 905 Brickell Bay Dr # 430 Miami FL 33131 | Name and Title: | SECRETARY | |
| VCLE V INTE Name and Ti Address Name and Tit Address | RES 1,000 of stock is: 1,000 TAL OPFICERS AND/OR DIRECTORS itle: Guadalupe Margarita Casco Fortin Director/President 905 Brickell Bay Dr # 430 Miami FL 33131 | Name and Title: Address: Name and Title: Address: | SEGREJARY OF TALLAHASSIE. | |

| . Name a | nd Tirle: | Name and Title: |
|----------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Addres | | Address: |
| 40 | | <u></u> |
| | <i>REGISTERED AGENT</i> Torida street address (P.O. Box NOT acc | writingly of the maintand users in |
| Name: | Jorge L. Lopez-Garcia, Esq. | |
| Address: | 1450 Madruga Ave # 408 | |
| | Coral Gables, FL 33146 | ····· |
| ARTICLE VII | INCORPORATOR | |
| The <u>name and a</u> | address of the Incorporator is: | |
| Name: | Jorge L. Lopez-Garcia Esq. | |
| Address: | 1450 Madruga Ave # 408 | |
| | Coral Gables FL 33146 | |
| ARTICLE VIII | EFFECTIVE DATE: | |
| ffective date, if | fother than the date of filing: | (OPTIONAL) |
| If an effective (lays after the fi | | and cannot be more than five business days prior or 90 business |
| | e inserted in this block does not meet the seffective date on the Department of State's | applicable statutory filing requirements, this date will not be listed as a records. |
| Taving been nu his certificate, I | med as registered agent to accept service am familiar with and accept the appointn | of process for the above stated corporation at the public designated in ment as registered agent and agree to act in this capacity. |
| | Required Signatury Registered | |
| | | serein are true. I am aware that the false information submitted in a gree felony as provided for in s. 817.155, F.S. |
| | | 7/20/15 |
| Requ | ired Signature/Incontinuor | Date |

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