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8/7/2015

DISCOURAGED
Division of Corporations

P.001

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
CONTACTO LEGAL CORP**

Certificate of Status	0
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FAX No.

P. 002

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: CONTACTO LEGAL CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1865 BRICKELL AVE APT A 1101

MIAMI, FL 33129

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RODRIGO JIMENEZ (P)

Name and Title: _____

Address

Address: _____

1865 BRICKELL AVE APT A 1101

MIAMI, FL 33129

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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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: RODRIGO JIMENEZ
Address: 1865 BRICKELL AVE APT A 1101
MIAMI, FL 33129

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: RODRIGO JIMENEZ
Address: 1865 BRICKELL AVE APT A 1101
MIAMI, FL 33129

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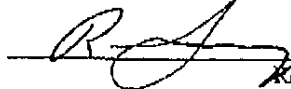
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature/Registered Agent

08/06/2015

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.



Required Signature/Incorporator

08/06/2015

Date