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FLORIDA PROFIT/NON PROFIT CORPORATION
PRODUCTOS GOURMET, INC.

Certificate of Status	0
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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: PRODUCTOS GOURMET, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
5929 BENT PINE DRIVE #703	5929 BENT PINE DRIVE #703
ORLANDO, FLORIDA 32822	ORLANDO, FLORIDA 32822

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: GENERAL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SEBASTIAN A. GROCHOWSKI -P-D	Name and Title:
Address 5929 BENT PINE DRIVE #703	Address:
ORLANDO, FLORIDA 32822	
Name and Title: GISIANNE M. RIVERA-S-D	Name and Title:
Address 5929 BENT PINE DRIVE #703	Address:
ORLANDO, FLORIDA 32822	
Name and Title: JAVIER A. RIVERA-T-D	Name and Title:
Address 5929 BENT PINE DRIVE #703	Address:
ORLANDO, FLORIDA 32822	

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: JUAN A. RIVERA

Address: 5929 BENT PINE DRIVE #703

ORLANDO, FLORIDA 32822

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SEBASTIAN A. GROCHOWSKI

Address: 5929 BENT PINE DRIVE #703

ORLANDO, FLORIDA 32822

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

_____ 8/12/15

Required Signature/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 s.817.155, F.S.

_____ 8/12/15

Required Signature/Incorporator Date

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