

7/25/2015 02:00 P-15000070363
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
LIROPEI HOLDINGS INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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15 AUG 25 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 26 2015

S. GILBERT

AUG/25/2015/TUE 02:00 PM

FAX No.

P. 002

FILED

15 AUG 25 AM 10:49

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:

Ulopei Holdings Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

6039 COLLINS AVE

PH 10

MIAMI BEACH, FL 33140

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 1,000 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA PIA DE LEON (P)

Address

6039 COLLINS AVE

PH 10

MIAMI BEACH, FL 33140

Name and Title:

Address:

Name and Title: MARIA FERNANDA CASTRO (VP)

Address

6039 COLLINS AVE

PH 10

MIAMI BEACH, FL 33140

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

AUG/25/2015/TUE 02:00 PM

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P. 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: GABRIELA DE LEON
Address: 14405 SW 142 CT
MIAMI, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GABRIELA DE LEON
Address: 14405 SW 142 CT
MIAMI, FL 33186


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

8/24/15
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

8/24/15
Date