

AUG 15/2015 02: PM

FAX #

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Florida Department of State  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
COGOLETO INVESTMENT INC**

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

AUG 26 2015  
S. GILBERT

AUG/25/2015/TUE 02:01 PM

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P. 002/003

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

ARTICLE I NAME Cogoletto Investment Inc  
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE  
Principal street address Mailing address, if different is:  
6039 COLLINS AVE SAME  
PH 10  
MIAMI BEACH, FL 33140

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES SHARES: 1,000 @ \$1.00  
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FELIPE DE LEON (P) Name and Title:  
Address: 6039 COLLINS AVE Address:  
PH 10  
MIAMI BEACH, FL 33140

Name and Title: MARIA FERNANDA CASTRO (VP) Name and Title:  
Address: 6039 COLLINS AVE Address:  
PH 10  
MIAMI BEACH, FL 33140

Name and Title: Name and Title:  
Address: Address:

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 named corporation on the places designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

*G. De Leon*  
 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.*

*G. De Leon*  
 Required Signature/Incorporator

8/24/15  
 Date