

AUG 15/2015 02: PM

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

**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

FAX No.

P. 002/003

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15 AUG 25 AM 10:48

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: Cogoletto Investment 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

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 AGENTThe 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 INCORPORATORThe 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 dates designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Gabriela 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.

Gabriela De Leon

Required Signature/Incorporator

8/24/15

Date