Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

**Ente	r the	email	address	for	this	business only one	entity	to	be	used	for	future	۲
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Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION® CLIPPER BLUE INC.

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

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

ARTICLE I NAME: The name of the corporation is:
Clipper Blue INC.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 3555 NW 77 AV
4017 108-C Miami P/
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: MAURICIO Alvarez (P)
SEGRE AHA
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Mauricio Alvarez 50 00 07 3555 NW 77 Ave 50 00
unit 108 - C Miami FL 33122
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Mauricio Alvarez
3555 NW 77 AV
Unit 108 - C. Miami FL 33122

Required Signatures:

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

Megistered Agent Pate

Pegistered 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.

Mncorporator Date