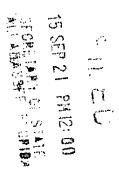
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

	(I ROI OSED CONI ONA	TENAME - MOST WEE	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Edilberto Name	O. Markov (Printed or typed)	
	1600 Parce	Je Leon Blu Address	6,#902
	Coal Gables	State & Zip	3134
	(305) 448 Daytime To	6-9292 elephone number	
	E-mail address: (to be used	O CYCLID (15) I for future annual report i	notification)

NOTE: Please provide the original and one copy of the articles.

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

The name of the corpo		arban, P.A.	
<u>IRTICLE II PRIN</u>	ICIPAL OFFICE Principal street address	Mailing	address, if different is:
1600 Pon	e be Lean Blul, #90	2 IVOD Par	re he lean Blill the
Toal Ga	6/12, FT 33/34	Oral E	ables, FT 33134
RTICLE III PURI	POSE the corporation is organized is:	w firm	and All
other !	JUSINESS AUTHO	Rized by	L AW
RTICLE IV SHA	RES of stock is: 1, 0 0 (
The number of shares of shares of the number of the number of the number of shares of the number of	RES Of stock is: 1,000 NAL OFFICERS AND/OR DIRECTORS Ste: Ediberto Mayba		resident
The number of shares of shares of the number of the number of shares of the number of	of stock is: 1, 0 0 \(\)		resident
The number of shares of shares of the number of	INTERPOLATION OF DIRECTORS ILLE EDILLE DO MAYDA 1600 POULE DELFO # 902	Address:	President
The number of shares of sh	INTERPOLATION OF DIRECTORS HE Edilberto MAYDA 1600 POULE delector # 902 (ORAL SABJES, A	Address:	SE 15 SEP
The number of shares of sh	INTERPOLATION OF STOCK IS: 1,000 INTERPOLATION MAY BE 1600 POULE DELFO 1602 CORAL SABJES, A	Address: Address: Name and Title:	SS 15 SE 2 -
Name and Tr Address	INTERPOLATION AND AND AND AND AND AND AND AND AND AN	Address: Name and Title: Address:	SE SEP 2 F
The number of shares of sh	INTERPOLATION OF STOCK IS: 1,000 INTERPOLATION MAY BE 1600 POULE DELFO 1602 CORAL SABJES, A	Address: Name and Title: Address:	SS 15 SE 2 -
The number of shares of sh	INTERESTANDIOR DIRECTORS ILLE E DILLE DELLE DELLE 1600 POULE DELLE 1902 (ORAL SABJES, F	Address: Name and Title: Address:	15 SEP 21 FM 12: 00

Name and Title:	Name and Title:
	Address:
	•
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT ac	ecentable) of the registered agent is:
Fdilberlo O N	1 ARBAW
Name: Latter 10 C. N	(F 1574) Rluf # 902
Address: $\frac{1600 + 502E}{C}$	(E) EDW Bluf #1 902
COMP SHOW	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	्रें के किया किया किया किया किया किया किया किया
Name: Edilberto M	Arban
Address: 1600 PONIE	de Iron Blud +190
CORNI SABI	ES + 1 33134 ES + 1 33134 ES + 1 33134
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	• • • • • • • • • • • • • • • • • • • •
(If an effective date is listed, the date must be specific days after the filing.)	and cannot be more than five business days prior or 90 business
•	applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of State	
Having been named as registered agent to accept service	e of process for the above stated corporation at the place designated in
	tment as registered agent and agree to act in this capacity
	9-15-15 Date
Required Signature/Registered	Agent Date
I submit this document and affirm that the facts stated document to the Department of State constitutes a third of	herein are true. I am aware that the false information submitted in a degree felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	9-15-15 Date

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: E	dy O yarban	P.A.	
	\(PŘOPOSEĎ CORPORA)	TE NAME – <u>MUST INCLU</u>	JDE SUFFIX)
Enclosed are an original	inal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Edilber40 Name	O. Markon (Printed or typed)	
	1600 Ponce L	Je Lein Bluddress	60P#, L
	(VOVI) Gables	State & Zip	3134
	(305) LIUX Daytime Te	5-9292 elephone number	
	E-mail address: (to be used	for future annual report no	otification)

NOTE: Please provide the original and one copy of the articles.

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

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Onal G	ables, FT 3313
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	_ 1 101110 0110 1 1110

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box	· · · · · · · · · · · · · · · · · · ·
Name: Edilberlo O	· MARKAW
Address: 1600 POULE	E déléau Bluf #1 902
COVALS	45/85, fl 33/34
ARTICLE VII INCORPORATOR	EP 2
The <u>name and address</u> of the Incorporator is:	
Name: Ediberio	MAYDAN PLANTED
Address: 1600 PDN	(E de leon Blud +190)= 8
CORNI S	MAYDAN (E dE lean Bluid +1902= 8 Ables +1 33134
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be sidays after the filing.)	9-15-15 (OPTIONAL) specific and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does not not the document's effective date on the Department of	neet the applicable statutory filing requirements, this date will not be listed as of State's records.
	t service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity
	gistered Agent Date
Required Signature/Rep	gistered Agent Date
	s stated herein are true. I am aware that the false information submitted in a third degree felony as provided for in s.817.155, F.S.
	9-15-15 Date
Required Signature/Incorporator	Date