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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | |
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FLORIDA PROFIT/NON PROFIT CORPORATION

CARRILLO CAIBARIEN INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
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Help

H16000045182

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

| ARTICLE I NAME: The name of the corporation is: | 三色 |
|--|---------------|
| anella Cailorrien INC | HE |
| ARTICLE II PRINCIPAL OFFICE: | 3358 |
| The principal street address and mailing address is: | -r |
| Miami Fl | - ~ |
| · | _ |
| ARTICLE III SHARES: The number of shares of stock is: | <u> </u> |
| Luis Asturo Cavilla Rico - P | |
| | |
| | |
| | |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDR | <u>ESS:</u> |
| The name and Florida street address (PO Box not acceptable) of the registered a | gent is: |
| LUIS HTTURO CARRILLO KICO 5874 SW 4 ST | - |
| Migmi FL 33144 | |
| ARTICLE VI INCORPORATOR: The name and address of the Incorpor LUIS ARTURO CARRILLO RICO | ator is: |
| 5874 SW 4 ST | |
| MIAMI FI 33144 | |

W16000045182

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

Registered 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.

Incorporator Date