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(((H16000053113 3)))



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## FLORIDA PROFIT/NON PROFIT CORPORATION ORINOCO TRANSPORT CORP

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## H16000053113

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

RTICLE II PRIN	CIPAL OFFICE		
16 NW 108 CT	Principal street address	Mailing address, if different is:	
ORAL, FL 33178		<u> </u>	
RTICLE III PURF e purpose for which	OSE the corporation is organized is:	ALL LAWFUL BUSINESS	
			SECH
RTICLE IV SHAR e number of shares o	<u>ES</u> 100 f stock is:	· .	
TICLE V INITE  Name and Title	AL OFFICERS AND/OR DIRECTORS . ALBERTO I YRURETA(MANAGER)	Name of Tales	
Address	8516 NW 108 CT	Name and Title:  Address:	
	DORAL, FL 33178		
Name and Title	CONSTRUCTORA 200, C.A. (President)	Name and Title:	
Address	Calle la Urbana Edif, Morina Piso 1	Address:	
	Local C-10 Sector Castillito, Puerto Ordaz		
	Ciudad Guayana Bolivar Zona Postal 8050		
	Car & Light Electronics, C.A. (Secretary)	Name and	
Name and Title			
Name and Title	Av Atlantico CC Plaza Atlantico Mail Nive	Address:	
	<del></del>	Address:	<del></del>

16 MAR -1 AM N: 15

		SECRETARY OF STALLAHASSEE FLOR	
Name an	1 Title:	Name an:	niµr"
Address		Address:	
			1
ARTICLE VI	REGISTERED AGENT		·
i be <u>vame and r</u>	lorida street address (P.O. Box NOT acceptable) of LUIS F ROSALES	the registered agent is.	
Name:			
Address:	5931 NW 173 DRIVE STE 9	•	
	MIAMI, FL 33015		
		-	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	idress of the Incorporator is:		
,	LUIS F ROSALES		
Name:		-	
Address;	5931 NW 173 DRIVE STE 9		
	MIAMI, FL 33015	_	
ARTICLE VIII	EFFECTIVE DATE: 02/29/2016	. ·	
Effective date, if	other than the date of filing:	(OPTIONAL)	
days after the fi	late is listed, the date most be specific and canno ling.)	of the taioles rurat live tonormes	s days prior or so sustmess
Nichol Ifthe day	inserted in this block does not meet the applicable	stabiles fling manipoments	this data will not be listed on
	effective date on the Department of State's records.	Statutory arming recion emeric	2 dus auce witt that he trained to
	·		
Having been na.	med as registered agent to accept service of process am familiar with and accept the appointment as re	s for the above stated corpor	ation at the place designated in at he this capacity
DID COMPLUM, I		Smeret na rin mar agree to the	
	A STATE OF THE STA		02/29/2016
	Required Signature/Registered Agent		Date
I submit this do	cument and affirm that the facts stated herein are	true. I am coure that the f	alse information submitted in a
document to the	Department of State consiltutes with the degree felor	ry as provided for in \$.817.13	
	Dar The		02/29/2016
Requ	ired Signature/incorporator		Date