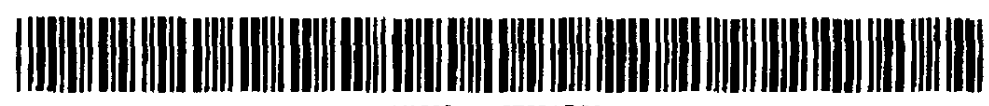


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Florida Department of State
Division of Corporations
Corporate Filing Service

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((H16000056873 3)))



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Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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DIVISION OF CORPORATIONS
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FLORIDA PROFIT/NON PROFIT CORPORATION
PRODUCT FULFILLMENT CENTERS INC

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

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T. SCOTT

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

H16000056873

ARTICLE I NAME: The name of the corporation is:

PRODUCT FULFILLMENT CENTERS INC

ARTICLE PRINCIPAL OFFICE:

The principal street address and mailing address is:

1023 SW 78 PL

MIAMI, FL 33144

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

OSCAR MANUEL MIRANDA

(P)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR - 4 AM ID: 30

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Oscar Manuel Miranda

1023 SW 78 PL

Miami FL 33144

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Oscar Manuel Miranda

1023 SW 78 PL

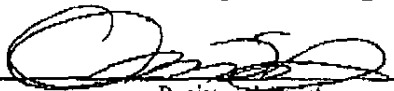
Miami FL 33144

H16000056873

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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

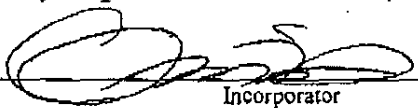


Registered Agent

3-4-16

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

3-4-16

Date

H16000056873