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04/07/2016 14:17 [illegible] LAZARUS PAGE 01/03

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
MOREIRA AUTOMATION, CORP

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: MOREIRA AUTOMATION, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
7831 NW 197TH STREET	7831 NW 197TH STREET
HIALEAH, FL 33015	HIALEAH, FL 33015

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: AND ANY ALL LAWFUL BUSINESS

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIO MOREIRA
PRESIDENT
Address: 7831 NW 197TH STREET
HIALEAH, FL 33015

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARIO MOREIRA

Address: 7831 NW 197TH STREET

HIALEAH, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: MARIO MOREIRA

Address: 7831 NW 197TH STREET

HIALEAH, FL 33015

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/07/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Required Signature/Registered Agent — 04/07/2016 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.

Required Signature/Incorporator — 04/07/2016 Date