

JUN/07/2016 TUE 12:17 PM

FAX No.

P. 001/003

P/600049708

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION

ETXEA INC

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

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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FAX No.

P. 002/003

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: ETXEA INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

936 71 STREET

MIAMI BEACH, FL 33141

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Asuncion Aburuza (P)

Name and Title: _____

Address: 936 71 STREET

Address: _____

MIAMI BEACH, FL 33141

Name and Title: Carlota Andrea Osonia (V/P)

Name and Title: _____

Address: 936 71 STREET

Address: _____

MIAMI BEACH, FL 33141

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Maria Asuncion Aburuza
Address: 936 71 STREET
MIAMI BEACH, FL 33141

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Maria Asuncion Aburuza
Address: 936 71 STREET
MIAMI BEACH, FL 33141

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

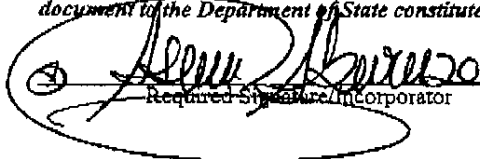


Required Signature/Registered Agent

06/06/2016

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

06/06/2016

Date

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