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6/16/2016

P. 001

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FLORIDA PROFIT/NON PROFIT CORPORATION
MIAMIBRIEF INC

Certificate of Status	0
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Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MIAMI BRIEF INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

9421 CARIBBEAN BLVDCUTTLER BAY, FL 33189**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**

SHARES: 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Jorge Orlando Orjuela Lagos (P)

Name and Title: _____

Address 9421 CARIBBEAN BLVD

Address: _____

CUTTLER BAY, FL 33189

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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P. 003

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: Jorge Orlando Orjuela Lagos
Address: 9421 CARIBBEAN BLVD
CUTTLE BAY, FL 33189

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jorge Orlando Orjuela Lagos
Address: 9421 CARIBBEAN BLVD
CUTTLE BAY, FL 33189

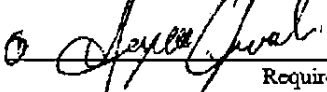
ARTICLE VIII EFFECTIVE DATE:

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

06/15/2016
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

06/15/2016
Date